

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3857

State File No.

BIRTH NO. FILED MAR 3 1954 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY OR TOWN KIRKSVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION KIRKSVILLE OSTEOPATHIC HOSP		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 1402 E PATTERSON		0013	
3. NAME OF DECEASED (Type or Print) a. (First) SYDNEY b. (Middle) RUSSELL c. (Last) TILLEY		4. DATE OF DEATH (Month) (Day) (Year) FEB 25 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 7, 1871
9. AGE (In years last birth day) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consul	11. BIRTHPLACE (City and State or Foreign Country) London, England
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Horticulture	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME WM. HENRY TILLEY		13b. MOTHER'S MAIDEN NAME EMMA JULIA CHATTEN	
14. NAME OF HUSBAND OR WIFE KATHLEAN McFARLANE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME R. McFARLANE TILLEY ADDRESS KIRKSVILLE MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOMATIC PNEUMONIA ANTECEDENT CAUSES DUE TO (b) UREMIA DUE TO (c) ARTERIOSCLEROTIC NEPHRITIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE RIGHT HUMERUS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KIRKSVILLE ADAIR MISSOURI	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JAN 31 54 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? FALL	
22. I hereby certify that I attended the deceased from 31 JAN, 1954 , to 25 FEB, 1954 , that I last saw the deceased alive on FEB 25, 1954 , and that death occurred at 6:15P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) N.B. Palmer, D.O.		23b. ADDRESS KIRKSVILLE MO 800 W. Jefferson	
23c. DATE SIGNED 2-26-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 3-1-1954	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CHAPEL LOCATION (City, town, or county) (State) ST. LOUIS MO.	
24d. DATE REC'D BY LOCAL REG. 2-26-54	24e. REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Davis & Kigal, Kirksville ADDRESS MO.	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold S. Royal*.....

Licensed Embalmer No. 42.....

P. O. Address *Richwood*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.