

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4584

State File No.

FILED MAR 1 1954

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plato</u>	
c. LENGTH OF STAY (in this place) <u>38 hrs.</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 6</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>Tilley</u> c. (Last) <u>Tilley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 4, 1902</u>
9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Houston Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John D. Young</u>	13b. MOTHER'S MAIDEN NAME <u>Cordelia Ann Mirces</u>	14. NAME OF HUSBAND OR WIFE <u>Bruce</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bruce Tilley - Plato, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Barbiturate Poisoning</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Barbiturate Poisoning</u>		MEDICAL CERTIFICATION
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardio-Vascular Disease</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19 1954, to FEB 20 1954, that I last saw the deceased alive on FEB. 20, 1954, and that death occurred at 1:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William Paul, M.D.</u>	23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>	23c. DATE SIGNED <u>2/23/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-23-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>
24d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>2-24-54</u>	REGISTRAR'S SIGNATURE <u>Paul Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Funeral Home Houston</u>	ADDRESS <u>Houston</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed *Leona [Signature]*

Licensed Embalmer No. *4739*

P. O. Address *Springfield, V*

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 this body is not embalmed, fact should be so stated above.