

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36387

State File No.

FILED DEC 14 1954

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Savannah</u>	c. LENGTH OF STAY (In this place) <u>43 years</u>	c. CITY OR TOWN <u>Savannah</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1014 Wakefield</u>		e. STREET ADDRESS (If rural, give location) <u>1014 Wakefield</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u> b. (Middle) <u>Maria</u> c. (Last) <u>Reaugh</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 8, 1954</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 10, 1868</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Supt.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nichols Sanitorium</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Edmeston, New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Aden D. Tilley</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Perkins</u>	14. NAME OF HUSBAND OR WIFE <u>John H.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Hazel Reaugh, 1014 Wakefield, Savannah</u>	ADDRESS <u>Savannah</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Neumblyst 2nd</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>3 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>hypertension</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>_____</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 11-17, 1951, to 12-7, 1954, that I last saw the deceased alive on 12-7, 1954, and that death occurred at 12:25 am, from the causes and on the date stated above.

23a. SIGNATURE <u>Donald H. ...</u>	(Degree or title) _____	23b. ADDRESS <u>Savannah Mo</u>	23c. DATE SIGNED <u>12-8-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/10/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Island Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grand Island, Nebraska</u>
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DATE REC'D BY LOCAL REG. <u>12-8-54</u>	REGISTRAR'S SIGNATURE <u>Hellman Spack</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman</u>	ADDRESS <u>St Joseph Mo</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.....
Signature of Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No. 4535

P. O. Address 3195 17th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.