

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

12561

State File No. ....

FILED APR 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 505

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> 0580	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>303 N. Livingston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 N. Livingston</u>			

3. NAME OF DECEASED (Type or Print) <u>MARY ELLEN TILLMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>May-21-1871</u>		9. AGE (In years last birthday) <u>84</u> Months <u>10</u> Days <u>23</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Galesburg Ill</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					

13a. FATHER'S NAME <u>Simon Gaffney</u>		13b. MOTHER'S M maiden name <u>Ellen Rogesty</u>		13c. NAME OF HUSBAND OR WIFE <u>Joseph Tillman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Kuhlman</u> ADDRESS <u>Brookfield Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Disease</u>		PREVIOUS CAUSES <u>Chronic Interstitial Nephritis</u>		<u>3 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Pulmonary Edema</u>		<u>2 mo.</u>	
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Edema</u>		<u>2 mo.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 5, 1955, to April 14, 1955, that I last saw the deceased alive on April 14, 1955, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy P. Haley M.D.</u> (Degree or title)		23b. ADDRESS <u>Brookfield, Mo</u>		23c. DATE SIGNED <u>4-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Michael Sem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-20-55</u>		REGISTRAR'S SIGNATURE <u>Madeline Stambaugh</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 26 1955

MAY 28 1955

**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 *J. R. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield Mo.*

**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.