No. 300
10.48

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37636

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5884 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeburg, Mo.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN: Freeburg, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Washington Twsp.

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Alphonse
c. (Last): Tillman

4. DATE OF DEATH (Month) (Day) (Year): Nov. 13, 1955.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 5, 1922.
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months 3, Days 8, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Freeburg, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Casper Tillman
13b. MOTHER'S MAIDEN NAME: Dora Redel
14. NAME OF HUSBAND OR WIFE: Joan Tillman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Joan Tillman, Freeburg, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/23/54, 19___, *to* 11/13/55, 19___, *that I last saw the deceased alive on* 11/10/55, 19___, *and that death occurred at* 9:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Howard, (Degree or title) D.O.
23b. ADDRESS: Vienna, Missouri
23c. DATE SIGNED: 11-15-55
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/55
24c. NAME OF CEMETERY OR CREMATORY: Holy Family Cemetery
24d. LOCATION (City, town, or county) (State): Freeburg, Mo.
DATE REC'D BY LOCAL REG.: Nov 24-1955
REGISTRAR'S SIGNATURE: 235
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Vienna, Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Th C P Bunningham

Licensed Embalmer No. 366

P. O. Address Vienna

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