

No. 300  
10-48

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15659**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **572**

2

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY OR TOWN <b>Kansas City,</b>	d. Is Residence within limits of a city of incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital # Two</b>		e. STREET ADDRESS (If rural, give location) <b>4911 Michigan Avenue</b>	

3161

3. NAME OF DECEASED (Type or Print) <b>Mary E. Tilton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 23rd, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 13- 1873</b>		9. AGE (In years last birthday) Months Days <b>83 Yrs</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John VanSickle</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Glick</b>		14. NAME OF HUSBAND OR WIFE <b>Howard H. Tilton, deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Raymond Tilton, St. Joseph, Missouri.</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension &amp; Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile Psychosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 Yrs</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443x</b>		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 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 **Jan 1** 19**56**, to **May 23**, 19**56**, that I last saw the deceased alive on **May 22nd**, 19**56**, and that death occurred at **6:25a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Forrest Thomas M.D.</b>		23b. ADDRESS <b>Attn Mr. J. Ode Hosp No 2</b>		23c. DATE SIGNED <b>5/23-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>(Burial)</b>		24b. DATE <b>May 25-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Washington</b>	
		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri.</b>			

DATE REC'D BY LOCAL REG. <b>May 25, 1956</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Alison Meierhoffer Fleeman St. Joseph, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

4850

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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.....  
*Raymond H. Morehead*

Licensed Embalmer No.....  
441

P. O. Address St., Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.