

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19904**

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5249 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DALTON RURAL		c. CITY OR TOWN DALTON	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 10 YRS		e. STREET ADDRESS (If rural, give location) 5 MI. NE OF BRUNSWICK MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) MARION	c. (Last) TILLET	4. DATE OF DEATH (Month) (Day) (Year) 6 9 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-22-1888	9. AGE (In years last birthday) 68	10. UNDER 1 YEAR Months	11. UNDER 1 Hrs. Hours	12. UNDER 1 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMWORK	11. BIRTHPLACE. (City and State or Foreign Country) BRUNSWICK MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES TILLET	13b. MOTHER'S MAIDEN NAME LILLIE TATE	14. NAME OF HUSBAND OR WIFE OLLIE TILLET
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME OLLIE TILLET	ADDRESS BRUNSWICK MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 Feb. 3, 1956, to June 9, 1956, that I last saw the deceased alive on June 9, 1956, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl C. Heger	23b. ADDRESS M.D. Neustadter, Mo	23c. DATE SIGNED 6/11/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-12-1956	24c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE	24d. LOCATION (City, town, or county) (State) BRUNSWICK MO
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DATE REC'D BY LOCAL REG. 6-12-56	REGISTRAR'S SIGNATURE Mildred Burns	25. FUNERAL DIRECTOR'S SIGNATURE L. W. Macisak	ADDRESS Brunswick MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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mo

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..... *L. W. Heisel*

Licensed Embalmer No. *82*

P. O. Address *Brunswick*

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.