

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12065

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4035 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Rockville Mo</u>	c. LENGTH OF STAY (in this place) <u>36</u>	c. CITY OR TOWN <u>Rockville Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS <u>0070</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>May</u> c. (Last) <u>TILLERY</u>			4. DATE OF DEATH <u>3-23-57</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Jan 24 - 1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR: Months <u>1</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Malvern Kan.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James M. Clemens</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth McMillan</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Tillery</u>	
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. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Tillery</u> ADDRESS <u>Rockville Mo.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>			<u>10 yrs</u>
		DUE TO (c) <u>Hypertension</u>			<u>10 yrs</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 <u>none performed</u>		20. AUTOPSY? <u>2</u> 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)	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 2/10, 1957, to 3/23, 1957, that I last saw the deceased alive on 3/22, 1957, and that death occurred at Gilva, Mo., from the causes and on the date stated above.

23a. SIGNATURE <u>M. O. Bierke, P.O.</u> (Degree or title)		23b. ADDRESS <u>Rockville, Mo.</u>		23c. DATE SIGNED <u>3/23/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-25-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockville</u>	24d. LOCATION (City, town, or county) (State) <u>Rockville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Mar. 27-57</u>	REGISTRAR'S SIGNATURE <u>Randall Kruy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Assoc Eckhoff Appleton</u>	ADDRESS <u>Gilva, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

17-0

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 *Osborn E. Kelly*.....

Licensed Embalmer No. *3942*.....

P. O. Address *Appleton, Wis.*.....

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.