

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44635
STATE FILE NUMBER
5683

FILED DEC 18 1957

Registration District No. 149 Primary Registration District No. 1005

Registrar's No.

S. 300
v. 1-57

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp. Life | | d. STREET ADDRESS (If outside, give location) 1322 EAST 32ND TERR. | |
| 3. NAME OF DECEASED (Type or print) DOROTHY ELIZABETH TILLERSON | | 4. DATE OF DEATH NOV. 28, 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 3, 1900 |
| 9. AGE (In years last birthday) 57 | 10. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME John S. Raymond | 13b. MOTHER'S MAIDEN NAME CARRIE B. Ringer | 14. NAME OF HUSBAND OR WIFE R.H. TILLERSON | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) NO | 16. SOCIAL SECURITY NO. None | 17. INFORMANT MRS. CARRIE B. RAYMOND Address 1322 E. 32ND TERR. MO. K.C. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral aneurysm of liver | | | INTERVAL BETWEEN ONSET AND DEATH 5 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malaria | | | 6 years |
| DUE TO (c) pancreas atrophy + tobacco | | | years ago |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5892 | | | 19. WAS AUTOPSY PERFORMED? 0 YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 1951 11-28-57 and last saw her alive on 11-28-57 Death occurred at 1:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Roy F. Drake MD (Degree or title) | | 22b. ADDRESS 1032 Professional Building | 22c. DATE SIGNED 11-29-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | 23b. DATE Nov. 30, 1957 | 23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS K.C. MO. | | 25. DATE RECD. BY LOCAL REG. 11-30-57 | 26. REGISTRAR'S SIGNATURE Neva Marshall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Roy F. Drake



Bar 1 - 5899

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 *[Signature]*
Licensed Embalmer No. *4481*
P. O. Address *Kansas City, 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.