

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010068
STATE FILE NUMBER

APR 6 1959 Registration District No. 189 Primary Registration District No. 4290 Registrar's No. 36

300
-57

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Foley		c. CITY OR TOWN ELSBERRY 0570	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First BIRT Middle MERRITT Last TILLER			4. DATE OF DEATH Month MARCH Day 28 Year 1959		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 28, 1874	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE	10b. KIND OF BUSINESS OR INDUSTRY County Road Dist.	11. BIRTHPLACE (City and state or country) RFD - FOLEY, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN TILLER	13b. MOTHER'S MAIDEN NAME MARY ELIZ. BRIMM	14. NAME OF HUSBAND OR WIFE VERA TILLER	

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 WIFE Address FOLEY, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma penis (metastases)		INTERVAL BETWEEN ONSET AND DEATH 6 mo +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1796		

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.) 1796
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 ELSBERRY	COUNTY MO	STATE MO
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21. I attended the deceased from **2-1-59** to **3-28-59** and last saw him alive on **3/26/59**
Death occurred at **000 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. O. DAWSON (Degree or title)	22b. ADDRESS Elsberry Mo	22c. DATE SIGNED 3/25/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/30/59	23c. NAME OF CEMETERY OR CREMATORY CORINTH	23d. LOCATION (City, town, or county) (State) RFD - FOLEY, Mo.
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24. FUNERAL DIRECTOR O. C. Ricks	ADDRESS ELSBERRY, Mo	25. DATE RECD. BY LOCAL REG. 4-3-1959	26. REGISTRAR'S SIGNATURE Charlotte Leek
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

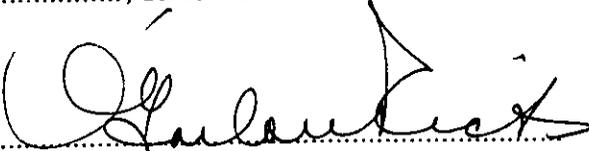
VS OCT 4 1960

VS OCT 4 1960

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 

Licensed Embalmer No. 4012

P. O. Address. Esberry, T.

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.