Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-017988
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2414

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah Medical Center — Length of stay in 1b: 3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Caldwell
c. CITY OR TOWN: Hamilton — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 013 — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Harry — Middle: — Last: Till
4. DATE OF DEATH: Month 5 Day 13 Year 59
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-24-1887
9. AGE (In years last birthday): 72 — 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): theatre owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Braymer, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: John H. Till
13b. MOTHER'S MAIDEN NAME: Lucinda Michael
14. NAME OF HUSBAND OR WIFE: Leta Till
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-24-6172
17. INFORMANT: Leta Till — Address: Hamilton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Thrombophlebitis - left leg.
DUE TO (c): 584X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute Cholecystitis c Lithiasis + Ac. Pancreatitis
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 APRIL 24, 1959 to 5/13/59 and last saw him alive on 5/13/59
Death occurred at 11:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. J. Twin, M.D. (Degree or title)
22b. ADDRESS: 701 E. 63rd, K.C. 10, Mo.
22c. DATE SIGNED: 5-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 14, 1959
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county): Hamilton (State): Mo.

24. FUNERAL DIRECTOR: Stine & McClure — ADDRESS: K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 5-14-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

E. J. Twin

JUN 22 1959

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 Behan W. Meeker, Student Embalmer No. 569 working under my personal supervision.

Student Behan W. Meeker
Signature of Student Embalmer

Signed Eugene L. Kennon

Licensed Embalmer No. 4633

P. O. Address K. C. 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.