RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-000682

FILED VS FEB 15 1960

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 9

ED

1. PLACE OF DEATH a. COUNTY Chariton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville township — Length of stay in 1b	c. CITY OR TOWN Salisbury — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Chariton Co. Rest Home — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) East 3rd St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First Hattie	Middle Susan	Last Tillotson	4. DATE OF DEATH Month Feb. Day 12, Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐	8. DATE OF BIRTH 3/5/1876	9. AGE (last birthday) 83 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Chariton Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Joseph Tillotson	13b. MOTHER'S MAIDEN NAME Martha Finnell	14. NAME OF HUSBAND OR WIFE - None		
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. None	17. INFORMANT Address Mrs. Earl Virden, Parkville, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cebro-Vascular Accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) Generalized debility of Aged

INTERVAL BETWEEN ONSET AND DEATH: several years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of Right Hip

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 2-8-1960, to 2-12-1960 and last saw her/him alive on 2-12-1960

Death occurred at 2:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George D Quinn MD	22b. ADDRESS Salisbury Mo	22c. DATE SIGNED 2-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Feb. 14, '60	23c. NAME OF CEMETERY OR CREMATORY Finnell Cemetery	23d. LOCATION (City, town, or county) (State) Chariton County, Mo.
24. FUNERAL DIRECTOR ADDRESS Chas. B. Winkelmeyer, Salisbury, Mo.	25. DATE RECD. BY LOCAL REG. 2-13-60	26. REGISTRAR'S SIGNATURE GW Hawkins	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FEB 19 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chas B Winkelmu

Signature of Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.