MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 38 62-016089 STATE FILE NUMBER

FILED MAY 21 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0681
2 068P/2
3
4 1
5 2
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7 1
8 0
9 526X
10
11
12 90-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California — Length of stay in Ib 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1104 Roache — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Moniteau
c. CITY OR TOWN California — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) N. Owen — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: IDA Middle: CATHERINE Last: TILBURY
4. DATE OF DEATH Month: May Day: 16 Year: 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-3-1882
9. AGE (last birthday) 80
IF UNDER 1 YEAR: Months 2 Days 3
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Arkansas
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James M. Roofener
13b. MOTHER'S MAIDEN NAME Lucricia Bigger
14. NAME OF HUSBAND OR WIFE Allen L. Tilbury
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 Mrs. Zoie Tuttle Address California 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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchiectasis — 10 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 July 59, to May 5-62 and last saw her alive on May 5-62.
Death occurred at 4:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Moore D.O.
22b. ADDRESS California, Mo
22c. DATE SIGNED 5-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 5-8-1962
23c. NAME OF CEMETERY OR CREMATORY Highland
23d. LOCATION (City, town, or county) Latham (State) Mo.

24. FUNERAL DIRECTOR A. E. Wilson ADDRESS California Mo
25. DATE RECD. BY LOCAL REG. 5-8-62
26. REGISTRAR'S SIGNATURE Helen L. Popejoy

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed A. E. Wilson

Signature of Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California 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.

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: California
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1104 Roacher
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Moniteau
c. CITY OR TOWN: California
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): N. Owen
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: IdA Middle: CATHERINE Last: TILbURY
4. DATE OF DEATH: Month: May Day: 6 Year: 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-3-18
9. AGE (last birthday): 80
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): homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Arkansas
12. CITIZEN OF WHAT COUNTRY: USA.
13a. FATHER'S NAME: James M. Roofener
13b. MOTHER'S MAIDEN NAME: Lucrecia Bigger
14. NAME OF HUSBAND OR WIFE: Allen Leroy Tilbury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address:

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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
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DUE TO (b) Bronchiectasis — 10 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 July 29, to May 6-62 and last saw her alive on May 5-62
Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W H Moon DO
22b. ADDRESS:
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-8-1962
23c. NAME OF CEMETERY OR CREMATORY: Highland
23d. LOCATION (City, town, or county): Latham (State): Mo.

24. FUNERAL DIRECTOR: A. E. Wilson ADDRESS: California Mo
25. DATE RECD. BY LOCAL REG.: 5-8-62
26. REGISTRAR'S SIGNATURE: Helen L Propsey

(Licensed Embalmer's Statement on Reverse Side)

1962 - 5 - 4
80
82

1962 - 5 - 4
1883 - 3 3
80 2 3

MAY 11 1962

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California Me.

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.