

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-005112

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 10

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 6 1963

1. PLACE OF DEATH
 a. COUNTY Barry
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Cassville Length of stay in 1b 3 weeks
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Valley Rest Home Inside Limits Yes No

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

3. NAME OF DECEASED (Type or print) First Rosa Middle E. Last Tilford 4. DATE OF DEATH Month February Day 25 Year 1963

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-26-1896 9. AGE (last birthday) 66 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) housewife 10b. KIND OF BUSINESS OR INDUSTRY home 11. BIRTHPLACE (City and state or country) Benton County, Arkansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Will Douglas 13b. MOTHER'S MAIDEN NAME Conthia Rogers 14. NAME OF HUSBAND OR WIFE M. L. Tilford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no 16. SOCIAL SECURITY NO. 17. INFORMANT Address Garrit Tilford, Cassville, Missouri

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Cerebral Arteriosclerosis
 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) 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 11-22-58 to 2-25-63 and last saw her/him alive on 2-18-63. Death occurred at 2-25-63 4 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles J. Dine M.D. 22b. ADDRESS Cassville, Missouri 22c. DATE SIGNED 2-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-27-1963 23c. NAME OF CEMETERY OR CREMATORY Gateway Cemetery 23d. LOCATION (City, town, or county) (State) Gateway, Arkansas

24. FUNERAL DIRECTOR ADDRESS Culver's, Cassville, Missouri 25. DATE RECD. BY LOCAL REG. 2-27-1963 26. REGISTRAR'S SIGNATURE Grace Williams

DATE AMENDED
 VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

Permit Renewed Jan. 27, 1963

J. W.

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.