

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-017011

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 80

FILED APR 18 1963

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Length of stay in 1b 2 weeks	c. CITY OR TOWN Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Memorial			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 302 E. 7th St.	
3. NAME OF DECEASED (Type or print) First Middle Last Edgar Louis Tillman			4. DATE OF DEATH Month Day Year April 7, 1963		
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 10/4/80	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 6 Days 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Nankipoo, Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Samuel Tillman		13b. MOTHER'S MAIDEN NAME Virgie Smith		14. NAME OF HUSBAND OR WIFE Lealer	
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.	17. INFORMANT Address Pemiscot County Hospital, Hayti	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Sudden					
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. Preliminary Emphysema				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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	COUNTY	STATE
21. I attended the deceased from 1955 to Apr 7, 1963 and last saw him alive on Apr 7, 1963 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) [Signature]			23. ADDRESS [Address]		23. DATE SIGNED 7/16/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/9/63	23c. NAME OF CEMETERY OR CREMATORY Maple Grove	23d. LOCATION (City, town, or county) Blytheville, Arkansas		
24. FUNERAL DIRECTOR LaForge Untkg Co			ADDRESS Caruthersville, Mo.	25. DATE RECD. BY LOCAL REG. 4-16-63	26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED

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

VS 300 Rev. 4/59

2781

2785

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APR 19 1963

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

Noel E Dean

Licensed Embalmer No.

3941

P. O. Address

*Cantonsville
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.