

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11 63-029054

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 50

**FILED AUG 6 1963**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Illinois</u> b. COUNTY <u>Champaign</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Lafayette</u>                    |  | Length of stay in 1b   | c. CITY OR TOWN<br><u>ST. JAMES</u>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>1 mile east M13 &amp; U.S. 40 Jct.</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS<br>(If outside, give location)<br><u>1 mile east M13 &amp; U.S. 40 Jct.</u> |

|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>FLORA</u> Middle <u>E</u> Last <u>TILLOTSON</u>                      |                                  |   | 4. DATE OF DEATH<br>Month <u>7</u> Day <u>28</u> Year <u>1963</u>                       |  |  |
| 5. SEX<br><u>FEMALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4/10/1899</u>  | 9. AGE (last birthday)<br><u>64</u>          | IF UNDER 1 YEAR<br>Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Bank Cashier</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>-</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Madisonville, Ind</u>                  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |  |
| 13a. FATHER'S NAME<br><u>Sam Tillotson</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Minnie Hedges</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>-</u>      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>-</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>-</u>   | 17. INFORMANT<br><u>Auden T. Tillotson</u> Address <u>920 N. Hamilton Danville, Ill</u> |  |  |

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <u>Fracture of Neck at level of C-3</u>   |  |  |
| DUE TO (b) <u>Laceration of Scalp &amp; Forehead Instant</u>  |  |  |
| DUE TO (c) <u>Multiple fractured ribs.</u>  |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |  |   |
|---|--|---|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.)<br><u>Car accident</u> |
|---|--|---|

|   |   |   |  |                      |                     |
|---|---|---|--|----------------------|---------------------|
| 20c. TIME OF INJURY<br><u>1:30 p.m.</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)<br><u>1 mile East 13+40 junction</u> | 20f. CITY, TOWN, OR LOCATION<br><u>Lafayette Co. Mo.</u> | COUNTY<br><u>Mo.</u> | STATE<br><u>Mo.</u> |
|---|---|---|--|----------------------|---------------------|

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him/her alive on \_\_\_\_\_.

Death occurred at (Acting Coroner) on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |   |
|--|--|---|
| 22a. SIGNATURE<br><u>W. Koppermann, M.D.</u> | 22b. ADDRESS<br><u>Higginsville, Mo.</u> | 22c. DATE SIGNED<br><u>July 28 1963</u> |
|--|--|---|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 23a. BURIAL, CREMATATION, OR REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>7/29/63</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Embury Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>Danville, Illinois</u> |
|--|-----------------------------|--|--|

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><u>Banick's Son</u> | ADDRESS<br><u>Danville, Ill.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>7-29-63</u> | 26. REGISTRAR'S SIGNATURE<br><u>Lutie H. Jordan</u> |
|---|----------------------------------|--|---|

NOV 14 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 *Frank A. Reckhoff*

Licensed Embalmer No. 4684

P. O. Address Highmore No.

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.