

CERTIFICATE OF DEATH

124 69 0044586  
4024 Registrar's No. 88

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/68

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 88

9. 0  
10a. 50  
10b.  
11. 1  
12. 1  
13. 1621  
14.  
15. 4  
16.  
17.  
18. 2  
19. CREDITS  
20. 1-0

4.0050

5. 04

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.0050

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. <b>Hazen Garrit TILFORD</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>Nov. 10, 1969</b>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>White</b>		AGE—LAST BIRTHDAY (YEARS) 5a. <b>50</b>	UNDER 1 YEAR 5b. <b>MOS.</b>	UNDER 1 DAY 5c. <b>HOURS MIN.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>March 16, 1919</b>	COUNTY OF DEATH 7a. <b>Barry</b>
CITY, TOWN, OR LOCATION OF DEATH 7b. <b>Cassville</b>			INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>Yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>South Barry County Hospital</b>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <b>Arkansas</b>		CITIZEN OF WHAT COUNTRY 9. <b>U S A</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Married</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <b>Mae Snawder</b>
SOCIAL SECURITY NUMBER 12. <b>430-48-7816</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>Mill worker</b>		KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE—STATE 14a. <b>Missouri</b>		COUNTY 14b. <b>Barry</b>	CITY, TOWN, OR LOCATION 14c. <b>Seligman</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>No</b>	STREET AND NUMBER 14e.
FATHER—NAME 15. <b>Marcus L Tilford</b>			MOTHER—MAIDEN NAME 16. <b>Rose Douglas</b>			
INFORMANT—NAME 17a. <b>Mae Snawder Tilford</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <b>Seligman, Missouri 65745</b>			
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) <b>C. A. Lung (Squamous cell)</b> DUE TO, OR AS A CONSEQUENCE OF:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) (c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)				AUTOPSY (YES OR NO) 19a. <b>No</b>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b. <b>11/9/69</b>	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. <b>M. 20d.</b>			
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.				
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM <b>5/1/68</b>	TO 21b. <b>11/10/69</b>	AND LAST SAW HIM/HER ALIVE ON 21c. <b>11/9/69</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <b>Did not</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. <b>2:17 P.M.</b>		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22.						
CERTIFIER—NAME (TYPE OR PRINT) 23a. <b>Noel E. Harris, D. O.</b>			SIGNATURE 23b. <i>Noel E. Harris</i>	DEGREE OR TITLE 23c. <i>D.O.</i>	DATE SIGNED (MONTH, DAY, YEAR) 23d. <b>11/18/69</b>	
MAILING ADDRESS—CERTIFIER 23e.			STREET OR R.F.D. NO., CITY OR TOWN 23f. <b>Purdy, Mo.</b>	STATE 23g. <b>Mo.</b>	ZIP 23h. <b>65734</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 24b. <b>Gateway Cemetery</b>		LOCATION 24c. <b>Gateway,</b>	CITY OR TOWN <b>Arkansas</b>	
DATE (MONTH, DAY, YEAR) 24d. <b>Nov. 14, 1969</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. <b>Culver Funeral Home, Cassville, Missouri 65625</b>				
FUNERAL DIRECTOR—SIGNATURE 25b. <i>Paul D. Herbst</i>			REGISTER—SIGNATURE 25a. <i>Grace Williams</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. <b>Nov 24 - 69</b>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 3 - 1969

FEB 20 1970

Burial permit obtained 11-14-69 B.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 Paul D. Newbest

Licensed Embalmer No. 4576

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.