

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

37183

State File No.

FILED NOV 17 1955

BIRTH NO.		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>183</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEE'S SUMMIT - RURAL</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		c. CITY OR TOWN <u>INDEPENDENCE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON COUNTY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>R. R. # 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>SAMUEL</u>		c. (Last) <u>TILLERY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 2 - 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>NOV. 27 - 1867</u>	
9. AGE (In years last birthday) <u>87</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - 15 YEARS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONITEAU COUNTY, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN SAMUEL TILLERY</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA MARSHALL</u>		14. NAME OF HUSBAND OR WIFE <u>ARVILLA TILLERY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDWARD REDBURN</u> ADDRESS <u>617 So. 11th St. Kansas City, Kansas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>332X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 26</u> , 19 <u>55</u> , to <u>11-2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>55</u> , and that death occurred at <u>5:45 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul W. Brown M.D.</u>				23b. ADDRESS <u>Jackson County Hospital</u>		23c. DATE SIGNED <u>11-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 2 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>California Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Nov 7 - 1955</u>		REGISTRAR'S SIGNATURE <u>B. B. Lafferty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. W. Proctor</u> ADDRESS <u>1331 Brush Creek Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... John B Lewis
Licensed Embalmer No. 487

P. O. Address..... K C W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.