DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

337649
State File No.

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 95

1. PLACE OF DEATH
(a) County Linn
(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 312 East Booker St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 43 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")
(d) Street No. 212 E. Booker 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Lisac
3. (b) If veteran, name war ✓
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Lisac
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Dec (Month) 13 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
81	10	1	hr. min.

9. Birthplace Fuzine (City, town, or county) Jugoslavia (State or foreign country)
10. Usual occupation Retired Coal Miner
11. Industry or business
MOTHER FATHER
12. Name Andrew Lisac
13. Birthplace Fuzine (City, town, or county) Jugoslavia (State or foreign country)
14. Maiden name Antonia Mikaljavich
15. Birthplace Fuzine (City, town, or county) Jugoslavia (State or foreign country)
16. (a) Informant Mrs. Anna Dewhart
(b) Address Mendota Illinois
17. (a) Mt Tilliard (Burial, cremation, removal) (b) Date thereof Oct 16 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Tilliard
18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo
19. (a) 10-15-46 (Date received local registrar) (b) L. Shelton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1946 hour 12 minute 10 P.M.
21. I hereby certify that I attended the deceased from Oct 8 1946 to Oct. 14 1946 that I last saw h. alive on 12:25 PM Oct 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis	Duration 6 days
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
Of autopsy None.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C A Campbell (M. D. or other)
Address Marceline Mo. Date signed 10/15/46

16X (Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Blanche M Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline

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 this body is not embalmed, fact should be so stated above.