

No. 300  
10-48

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7930

0164  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Cape County.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Bollinger.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Mo. Hospital at Cape Girardeau, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>two dayes in South East</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eric</u> b. (Middle) <u>Simpson</u> c. (Last) <u>Tishaw.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 27 - 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-28-1897</u>
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hosting Eng.</u>	11. BIRTHPLACE (State or foreign country) <u>Buford Georgia.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Tyler Tishaw.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie Craig Tishaw.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>412-09-2973</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mattie Tishaw.</u>		ADDRESS <u>Lutesville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis.</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4/20/1</u>	
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) m.		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>3/25</u> , 19 <u>50</u> , to <u>3/27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/27</u> , 19 <u>50</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas. H. ...</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>	
23c. DATE SIGNED <u>4/7/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-31-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humboldt Tenn.</u>	
DATE REC'D BY LOCAL REG. <u>4-7-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelley Ward Lutesville, Mo.</u>		ADDRESS <u>Lutesville, Mo.</u>	

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

RECEIVED

APR 11 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-531

**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.

Signed Howard B. Haman

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4127

P. O. Address Cap. Aberdeen, Md.

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.