

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4017

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Hutton</u> (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisburg</u>	
c. LENGTH OF STAY (In this place) <u>1347m</u>		d. STREET ADDRESS (If rural, give location) <u>0100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AARON</u> b. (Middle) _____ c. (Last) <u>TISDEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 19 1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>Mar 23-1877</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co Mo</u>	

13a. FATHER'S NAME <u>George Tisdell</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Barnett</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Tisdell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dk</u> (If yes, give war or dates of service) <u>dk</u>		16. SOCIAL SECURITY NO. <u>dk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hos records Hutton Mo</u> ADDRESS _____	

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>chr myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4/232</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		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 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) _____		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 2-17, 1951, to 2-19, 1951, that I last saw the deceased alive on 2-18, 1951, and that death occurred at 5:47 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>JC Caldwell M.D.</u>		23b. ADDRESS <u>State Hos Hutton Mo</u>		23c. DATE SIGNED <u>2-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 21-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harrisburg Mo</u>	
24d. LOCATION (City, town, or county) <u>Harrisburg Mo</u>		24e. (State) _____			
DATE REC'D BY LOCAL REG. <u>Feb. 17-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes & Boothe, Sturgis, Mo</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.480143
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File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 28 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 4087

P. O. Address Sturgeon-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 this body is not embalmed, fact should be so stated above.