

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22343**

FILED JUL 31 1951

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **262**

164
0

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cape Gir. c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fruitland 0160 d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) F c. (Last) Tuschhoff		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1951	
5. SEX male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 29, 1878	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	
10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Old Appleton, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Bernard Tuschhoff	
13b. MOTHER'S MAIDEN NAME Elisa Knottan		14. NAME OF HUSBAND OR WIFE Viola Tuschhoff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME Annie Bedwell Jackson, nee		ADDRESS 5600	
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) Pulmonary Embolism with infarct left lower lobe. 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.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 16 July 51		19b. MAJOR FINDINGS OF OPERATION Right Inguinal Hernia + Umbilical Hernia	
20. AUTOPSY? YES <input checked="" 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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>16 July, 1951</u>, to <u>19 July, 1951</u>, that I last saw the deceased alive on <u>18 July, 1951</u>, and that death occurred at <u>7:30 p. m.</u>, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) W. O. Shahaugh, M.D.		23b. ADDRESS 4092 Broadway - Cape	
23c. DATE SIGNED 25 July 51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	
24d. LOCATION (City, town, or county) (State) Fruitland 770		25. FUNERAL DIRECTOR'S SIGNATURE C. C. Summers	
DATE REC'D BY LOCAL REG. 7-25-51		ADDRESS Jackson, Mo.	

RECEIVED

JUL 30 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 *H. C. Crawford*

Signed.....
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address *London, 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.