

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5815

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>5808</u>		Registrar's No. <u>6</u>					
1. PLACE OF DEATH a. COUNTY Monroe county				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Monroe			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Woodlawn, Mo.		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Woodlawn, Mo.				0690			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) X							
3. NAME OF DECEASED (Type or Print) a. (First) SILAS			b. (Middle) HANGER			c. (Last) TISUE			4. DATE OF DEATH (Month) (Day) (Year) 2-19-1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-30-1874		9. AGE (In years last birthday) IF UNDER 1 YEAR: MONTHS DAYS 78 0 19		IF UNDER 24 HOURS: Hours Min. 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groc., Merchant			10b. KIND OF BUSINESS OR INDUSTRY Same			11. BIRTHPLACE (State or foreign country) DuncansBridge, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Moses Tisue			13b. MOTHER'S MAIDEN NAME Ellen Sanner			14. NAME OF HUSBAND OR WIFE Fanny Tisue					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fanny Tisue, Madison, Mo.							
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) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 15 months			
				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 4222								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) 4222						
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE (Do not use title) Russell M. Wilson, Coroner					23b. ADDRESS Monroe City, Mo.			23c. DATE SIGNED 2/19-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-21-1952		24c. NAME OF CEMETERY OR CREMATORY Phillips Cemty.			24d. LOCATION (City, town, or county) (State) Duncansbridge, Mo.				
DATE REC'D BY LOCAL REG. 2-28-52		REGISTRAR'S SIGNATURE Anne M. Buehler			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley & Hawkins, Shelbina, Mo.						

(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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

W. H. ...

Licensed Embalmer No. *3495*

P. O. Address *St. Louis 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.