

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32651

State File No.

923
0
OCT 6 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 205

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weldon Springs, rural</u> | |
| c. LENGTH OF STAY (If place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>2 miles north Weldon Springs</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp. T.A.L.</u> | | | |

| | |
|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W.</u> c. (Last) <u>Tighe</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-52</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>11-2-1886</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></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>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Weeping Water, Nebr.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|--|---|---|

| | | |
|--|--|--|
| 13a. FATHER'S NAME <u>Edward Tighe</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Condon</u> | 14. NAME OF HUSBAND OR WIFE <u>Electra Tighe</u> |
|--|--|--|

| | | |
|---|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>489-18-2318</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Electra Tighe, RR2, St. Charles, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction, acute</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> 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 <u>145 cc</u> | 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) (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 9/28, 1952, to 9/28, 1952, that I last saw the deceased alive on 9/28, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

| | | |
|---|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>L.C.M. Peters</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>St. Charles, Mo.</u> | 23c. DATE SIGNED <u>10-1-52</u> |
|---|--------------------------------------|---------------------------------|

| | | | |
|---|--------------------------|---|---|
| 24a. BURIAL CREMATATION <u>Burial</u> (Specify) | 24b. DATE <u>10-2-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Cottleville, Mo.</u> |
|---|--------------------------|---|---|

| | | |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>10-2-52</u> | REGISTRAR'S SIGNATURE <u>Francis Hunter</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. Steifater, M. Peters Mo.</u> |
|---|---|---|

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. B. Keithly

Licensed Embalmer No. 8225

P. O. Address. Stallan 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.