

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12425

State File No. ....

FILED MAR 18 1953

318

1003

Registrar's No. 2098

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE No.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179	
		d. STREET ADDRESS (If rural, give location) 3438 Russell Blvd. 0	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) WILLARD	b. (Middle) S.	c. (Last) TISDEL	(Month) (Day) (Year) Feb. 20 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widower	8. DATE OF BIRTH Feb. 15, 1878	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Months	11. IF UNDER 48 HRS. Days	12. IF UNDER 14 HRS. Hours	13. IF UNDER 14 HRS. Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive-Liggett	10b. KIND OF BUSINESS OR INDUSTRY & Myers Tob. Co.	11. BIRTHPLACE (City and State or Foreign Country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Henry Tisdell	13b. MOTHER'S MAIDEN NAME Martha Purdy	14. NAME OF HUSBAND OR WIFE Late Ethel Tisdell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Kenneth Tisdell	ADDRESS 3438 Russell Blvd.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 week 8 yrs. 8 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Embolus</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Endocarditis</i> DUE TO (c) <i>Hypertension</i>		
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 checked="" type="checkbox"/>
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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? 4214

22. I hereby certify that I attended the deceased from 9-24-1940, to Feb. 20, 1953, that I last saw the deceased alive on Feb 18, 1953, and that death occurred at 2:20 PM, from the causes and on the date stated above.

23a. SIGNATURE Dorothy Dakin MD	(Degree or title)	23b. ADDRESS 1852 So Grand	23c. DATE SIGNED 2-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (241)	24b. DATE 2-24-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Painesville, Ohio
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 24 1953	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl
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**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 William B. White

Licensed Embalmer No. 4221

P. O. Address 4228 S. Kingshighway

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.