No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32491

State File No.

FILED SEP 30 1953

BIRTH NO. REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4357 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PARMA
c. LENGTH OF STAY (In this place) 53 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PARMA
d. STREET ADDRESS (If rural, give location) 720 0

3. NAME OF DECEASED (Type or Print) a. (First) Eddie b. (Middle) Bartley c. (Last) Tisdale
4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 10-1889
9. AGE (In years last birthday) 63 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Day Labor
11. BIRTHPLACE (State or foreign country) Bernie Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Isiah Tisdale
13b. MOTHER'S MAIDEN NAME Mattie Miller
14. NAME OF HUSBAND OR WIFE Sarah Tisdale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Sarah Tisdale, ADDRESS Parma, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 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
20. AUTOPSY? YES ☐ NO ☐

4222

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-3-53, 19__, *to* 9-9-53, 19__, *that I last saw the deceased alive on* 9-9-53, 19__, *and that death occurred at* 11:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) DO
23b. ADDRESS Parma Mo
23c. DATE SIGNED 9-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 13-1953
24c. NAME OF CEMETERY OR CREMATORY Parma
24d. LOCATION (City, town, or county) (State) Parma Mo.

DATE REC'D BY LOCAL REG. 9-26-53
REGISTRAR'S SIGNATURE Dr. Geo. W. Kusted M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Service ADDRESS Parma, 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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.