

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2121

State File No.

BIRTH NO.		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>6000</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> <u>0870</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jasper</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Jasper Twnshp</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9 mi NW Vandalia</u>				e. STREET ADDRESS (If rural, give location) <u>9 mi NW Vandalia</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lula</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Tighe</u>	
4. DATE OF DEATH		(Month) <u>Jan</u> (Day) <u>19</u> (Year) <u>1955</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar 9, 1866</u>	
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work doing during most of adult life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hassard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>James Thomas Bush</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Maria Higbee</u>		14. NAME OF HUSBAND OR WIFE <u>David W. Tighe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Tighe, Vandalia, Missouri</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exhaustion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age 89 - Heart Disease - Fracture of Hip</u> DUE TO (c) <u>E9040 21</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>11-3-54</u> <u>11-14-55</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT (Specify) <u>Slipped on Staircase</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ralls Co Mo 087</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>Fell in her Room</u>			
22. I hereby certify that I attended the deceased from <u>11-3</u> , 19 <u>54</u> , to <u>1-19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-15</u> , 19 <u>55</u> , and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W P Birney M.D.</u> (Degree or title)				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>1-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>1/26/55</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Clyde S. Wicker</u>		ADDRESS <u>William D. Waters</u>		Vandalia, Mo	

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.....
Signature of Student Embalmer

Signed..... *William B. Waters*

Licensed Embalmer No. *416*

P. O. Address *Tandale*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.