

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25374**

FILED AUG 22 1955

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **871**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 8 yrs	c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 East Cherry Street		e. STREET ADDRESS (If rural, give location) 210 East Cherry Street	

3. NAME OF DECEASED (Type or Print)	a. (First) TIBITHA	b. (Middle) BELLE	c. (Last) LISLE	4. DATE OF DEATH (Month) (Day) (Year) August 11 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 4, 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Doniphan County Kansas	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Handley George	13b. MOTHER'S MAIDEN NAME Mary Jane Fleming	14. NAME OF HUSBAND OR WIFE Lemmel Lisle (Deceased)
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ernest Karrasch	ADDRESS St. Joseph, Mo.
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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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Arteriosclerosis (unknown)			
DUE TO (c) Woman died while alone in her room apparently while sleeping.			
II. OTHER SIGNIFICANT CONDITIONS Woman died while alone in her room apparently while sleeping.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION There is no history of recent serious illness or disability	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I ^{viewed} ~~attended~~ the deceased **on 8/12, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H F Mundy (Coronary) M.D.	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 8/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY Amazonia Cemetery	24d. LOCATION (City, town, or county) (State) Amazonia Missouri
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DATE REC'D. BY LOCAL REG. Aug 15, 1955	REGISTRAR'S SIGNATURE Loather M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Home Funeral Home	ADDRESS St. Joseph, Mo.
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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... *Charles E. Bennett*

Licensed Embalmer No. *H. 6. 2.*

P. O. Address *St. Joseph*

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.