

# FEDERAL BUREAU OF INVESTIGATION FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-035680

STATE FILE NUMBER

FILED VS. NOV 4 1959

Registration District No. 100 Primary Registration District No. 3e18 Registrar's No. 79

ENDED

|   |  |  |  |
|---|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Dent</u><br>b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Salem</u><br>Length of stay in 1b <u>14 months</u><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Knox Nursing Home</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u><br>c. CITY OR TOWN <u>Poplar Bluff</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS <u>Unknown</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
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| <b>3. NAME OF DECEASED</b> (Type or print)<br>First <u>MAY</u> Middle <u>--</u> Last <u>TISDIAL</u> |  |  | <b>4. DATE OF DEATH</b><br>Month <u>October</u> Day <u>28</u> Year <u>1959</u> |  |  |
|---|--|--|--|--|--|

|                      |                               |   |                                  |                                  |                           |                         |                          |                         |
|----------------------|-------------------------------|---|----------------------------------|----------------------------------|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/16/80</u> | 9. AGE (last birthday) <u>79</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HR.<br>Days | IF UNDER 24 HR.<br>Hours | IF UNDER 24 HR.<br>Min. |
|----------------------|-------------------------------|---|----------------------------------|----------------------------------|---------------------------|-------------------------|--------------------------|-------------------------|

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|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | 11. BIRTHPLACE (City and state or country) <u>St. Francois Co., Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
|--|--|---|--|

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|---|---|---|
| 13a. FATHER'S NAME <u>Charles LaTurno</u> | 13b. MOTHER'S MAIDEN NAME <u>Harriet Hunt</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank Tisdial (Decd)</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 <u>Knox Nursing Home Salem, Mo.</u><br>Address |
|---|-------------------------------------|--|

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| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebro-vascular Accident</u><br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) <u>Senility</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|--|

|                     |      |      |      |                  |
|---------------------|------|------|------|------------------|
| 20c. TIME OF INJURY | Hour | a.m. | p.m. | Month, Day, Year |
|---------------------|------|------|------|------------------|

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from 1958 to Oct 28, 59 and last saw her/him alive on Oct 28, 1959.  
 Death occurred at 8:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| 22a. SIGNATURE <u>Joseph R. Burnett</u> (Degree or title) | 22b. ADDRESS <u>Potosi Missouri</u> | 22c. DATE SIGNED <u>10-31-59</u> |
|---|-------------------------------------|----------------------------------|

|  |                             |   |  |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>10/31/1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens Cem.</u> | 23d. LOCATION (City, town, or county) <u>Butler County, Missouri</u> |
|--|-----------------------------|---|--|

|   |                                |  |   |
|---|--------------------------------|--|---|
| 24. FUNERAL DIRECTOR <u>Max L. Warfel</u> | ADDRESS <u>Salem, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>10/30/59</u> | 26. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u> |
|---|--------------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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