

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029750

FILED VS AUG 29 1960

042

1000

886

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 23 yrs.		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 711 S. 7th.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 711 S. 7th.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lillian Mae Tisdale				4. DATE OF DEATH Month Day Year August 19, 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/11/85	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and state or country) Gentry County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Coll			13b. MOTHER'S MAIDEN NAME Lissie Johnson			14. NAME OF HUSBAND OR WIFE George Alfred (Deo)		
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 Kenneth Tisdale Address 520 E. Mo. Ave. St. Joseph, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken neck DUE TO (b) Blow on head DUE TO (c) With blunt instrument							INTERVAL BETWEEN ONSET AND DEATH at once at once at once	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suspect is being held						
20c. TIME OF INJURY Hour 4 Month, Day, Year aug 19-60	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home							
20e. CITY, TOWN, OR LOCATION 711 S 7th St St Joseph Mo	20f. COUNTY Buchanan	20g. STATE MO						
21. I attended the deceased from deceased body to her and last saw her alive on aug 19-60 Death occurred at 711 S 7th St on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE S.E. Meluney (Degree or title) MD				22b. ADDRESS 214 W. Hampshire St Joseph Mo		22c. DATE SIGNED Aug 24 1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 19, 1960	23c. NAME OF CEMETERY OR CREMATORY Flag Springs Cem.		23d. LOCATION (City, town, or county) (State) Andrew County, Mo.			
24. FUNERAL DIRECTOR Harold E. Nadel ADDRESS King City, Mo		25. DATE RECD. BY LOCAL REG. Aug 24, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell				

DOCUMENT

BY AFFIDAVIT OF S.E. Meluney, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold E. Madrel

Licensed Embalmer No. 4609

P. O. Address King St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.