MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Dr. H. Silsby

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 281

=62-006254
STATE FILE NUMBER

FILED FEB 26 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
9				
7				
12				
1				
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1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD
Length of stay in 1b: 46 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 533 S. NEW
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 533 S. NEW
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ALICE Middle: Last: TISE

4. DATE OF DEATH: Month: FEB. Day: 16 Year: 1962

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 4/12/86

9. AGE (last birthday): 75
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): HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): POLK COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: CHARLES McCULLOCH

13b. MOTHER'S MAIDEN NAME: ELIZABETH McDONNELL

14. NAME OF HUSBAND OR WIFE: RAY TISE (DEC.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: CHAMP TISE, SPRINGFIELD, MO.
Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular disease — Unknown
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): atrial fibrillation

PART III. If deceased was female was there a pregnancy in last 90 days.
[ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 Feb 16 only to and last saw her/him alive on Feb 16 '62
Death occurred at 2 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Silsby M.D.

22b. ADDRESS: 609 Cherry St.

22c. DATE SIGNED: Feb 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 2/19/62

23c. NAME OF CEMETERY OR CREMATORY: GREENLAWN

23d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.

24. FUNERAL DIRECTOR ADDRESS: H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.: 2-20-62

26. REGISTRAR'S SIGNATURE: Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 2727

P. O. Address _____

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.