

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024987

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 100

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 24 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Lincoln</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford</u>		c. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hospital</u>		Length of stay in 1b <u>3 weeks</u>		c. CITY OR TOWN <u>Troy</u>	
3. NAME OF DECEASED (Type or print) First <u>Carlos</u> Middle <u>Palmer</u> Last <u>Tiffany</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>17 Fair Court</u>	
4. DATE OF DEATH Month <u>June</u> Day <u>15</u> Year <u>1963</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-17-81</u>		9. AGE (last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automobile Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and state or country) <u>Unknown</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Morton Tiffany</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucy Martin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish-American War</u>		16. SOCIAL SECURITY NO. <u>Lucy Martin Tiffany</u>	
17. INFORMANT Address <u>17 Fair Court</u>		18. CAUSE OF DEATH (Enter only one cause, per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u>	
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Arterio Sclerotic Vascular Disease</u>			
DUE TO (c) <u>Sudden</u>		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>		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.) <u> </u>	
20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u>		STATE <u> </u>	
21. I attended the deceased from <u>Jan 1 - 1963</u> to <u>Jan 15/63</u> last saw him alive on <u>Jan 15/63</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u> </u> .					
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u> </u>		22b. ADDRESS <u>Troy Mo</u>		22c. DATE SIGNED <u>6/21/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 17, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Troy City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Troy Missouri</u>		24. FUNERAL DIRECTOR <u>Hemper-Marsh Funeral Home Troy, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-21-1963</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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Rev. 4/59

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JUN 25 1963

JUL 10 1963

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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 Joseph P. Marchetti

Licensed Embalmer No. 5105

P. O. Address Tray, Missouri

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.