No. 2
-1/47
-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 1835

FILED FEB 6 1948

Registration District No. 1948 — Primary Registration District No. 0391 — Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: High Point
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: All her Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau
(c) City or town: High Point Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Orpha Newton Tising
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Geo Tising
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct (Month) 30 (Day) 1869 (Year)

8. AGE: Years 78 | Months 3 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Moniteau Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

FATHER
12. Name: Geo. W. Newton /
13. Birthplace: Wisconsin (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Louisa Durfee
15. Birthplace: unknown / (City, town, or county) (State or foreign country)

16. (a) Informant: George Tising
(b) Address: High Point Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: High Point wood-man Cem.
18. (a) Signature of funeral director: Williams Funeral Home
(b) Address: California Mo.
19. (a) 2/4/48 (Date received local registrar) (b) C. H. Nail (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Mch ..... 1946 to Feb 1 1948 and that I last saw her alive on Feb 1 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocarditis | |
| = fibrillation. | |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: | |
| Of autopsy: | |

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: E. O. Sheton (M. D. or other) M. D.
Address: Eldon Mo Date signed Feb 3 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

VS AUG 1 9 1959

## 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed M E Friedmeyer

Licensed Embalmer No. 12854

P. O. Address California

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