No. 300
10.48

FILED DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39654

State File No.

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN ~~(If outside corporate limits, write RURAL and give township)~~ Hayti
c. LENGTH OF STAY (In this place) 30 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Pemiscot Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caruthersville, Mo.
d. STREET ADDRESS (If rural, give location) 1801 Ward Ave

3. NAME OF DECEASED (Type or Print)
a. (First) Laura
b. (Middle) Bell
c. (Last) Tistadt

4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Jan. 26 1867
9. AGE (In years last birthday) 85 — If under 1 year: Months 7 Days 12 — If under 24 hrs.: 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 —
11. BIRTHPLACE (City and State or Foreign Country) Caruthersville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin F. Bancroft
13b. MOTHER'S MAIDEN NAME Missouri Wright
14. NAME OF HUSBAND OR WIFE Dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Hugh Tistadt — ADDRESS Caruthersville Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — Interval between onset and death: 1 month

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral accident — 1 month
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Coronary heart disease — 3 yrs

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Caruthersville (COUNTY) Pemiscot (STATE) Mo.
21d. TIME OF INJURY (Month) None (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6-, 1952, *to* 11-8-, 1952, *that I last saw the deceased alive on* 11-8-, 1952 *and that death occurred at* 5:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE O. W. Cook (Degree or title) M.D.
23b. ADDRESS Caruthersville, Mo.
23c. DATE SIGNED 11-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/11/52
24c. NAME OF CEMETERY OR CREMATORY Little Prairie
24d. LOCATION (City, town, or county) Caruthersville, Mo. (State)

DATE REC'D BY LOCAL REG. 11-24-52
REGISTRAR'S SIGNATURE John H. German
25. FUNERAL DIRECTOR'S SIGNATURE R. Forge Funl. Co.
ADDRESS Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

11-346-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 25 1952

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 .....
Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Caruthersville, 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 this body is not embalmed, fact should be so stated above.