

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38817**

FILED DEC 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 1089

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>10 hours</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>2709 W. Lombard Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>RAY</u> c. (Last) <u>TISHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>18 June 1928</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months   Days <u>          </u>   <u>          </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>delivery service</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Ralph Tisher Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Austin</u>	14. NAME OF HUSBAND OR WIFE <u>----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>W.W. 2 UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Tisher</u> ADDRESS <u>2709 W. Lombard Springfield, MO.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burns upper 1/2 body + bronchial tree.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9160</u> <u>16</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, barn, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 5 1953 1:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Cleaning motor with gasoline</u>

22. I hereby certify that I attended the deceased from 12/5, 1953, to 12/5, 1953, that I last saw the deceased alive on 12/5, 1953, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Horace Arch Lee, Jr. M.D.</u>	23b. ADDRESS <u>430 South Springfield</u>	23c. DATE SIGNED <u>12/8/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/9/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u>

DATE REC'D BY LOCAL REG. <u>12-11-53</u>	REGISTRAR'S SIGNATURE <u>E. W. Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Thomas</u> ADDRESS <u>Springfield Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC 01 1953

**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 Ralph H. Kuehn

Licensed Embalmer No. 3651

P. O. Address Springfield, Mass

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.