

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003075

FILED VS. JAN 19 1960

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 16 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 27das.	c. CITY OR TOWN New Madrid Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 333 Crisler Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ISAAC Middle JOSEPH Last TISHER			4. DATE OF DEATH Month Jan. Day 11, Year 1960		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 12, 1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 10 Days 29	IF UNDER 24 HR Hours 29 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) East Prairie, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Isaac Tisher	13b. MOTHER'S MAIDEN NAME Mary Ellen Powers	14. NAME OF HUSBAND OR WIFE Anna Nora Higginson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.
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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
IMMEDIATE CAUSE (a) Bilateral bronchial pneumonia = = - - - - -		Abt. 2 das.
DUE TO (b) Inanition - - - - -		Abt. 1 month.
DUE TO (c) Psychosis with cerebral arteriosclerosis		Abt. 5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with cerebral arteriosclerosis.		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from Dec. 15, 1959 to Jan. 11, 1960 and last saw her ^{him} arrive on Jan. 11, 1960 Death occurred at 12:50 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>John L. Brennan, M.D.</i>	22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 1-12-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 14, 1960	23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery	23d. LOCATION (City, town, or county) (State) Near East Prairie, Mississippi Co., Mo.
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24. FUNERAL DIRECTOR Hedgepeth Funeral Home, New Madrid,	25. DATE RECD. BY LOCAL REG. Jan. 13, 1960	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 2 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Paul D. Royal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.