

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035616

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 367 Primary Registration District No. 3049 Registrar's No. 173

FILED OCT 10 1962

VS 300
Rev. 4/59

0781

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Pemiscot</u>		a. STATE <u>Missouri</u> COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayti</u>		c. CITY OR TOWN <u>Caruthersville</u>	
Length of stay in lb <u>9hrs</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot Memorial</u>		d. STREET ADDRESS <u>1801 Ward</u>	
Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <u>Hugh</u> Middle <u>Aubrey</u> Last <u>Tistadt</u>			Month <u>Sept.</u> Day <u>30</u> Year <u>1962</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
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Sales</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (last birthday) <u>74</u>
13a. FATHER'S NAME <u>Charles Tistadt</u>		13b. MOTHER'S MAIDEN NAME <u>Laura B. Barcroft</u>	11. BIRTHPLACE (City and state or country) <u>Caruthersville, Mo U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
17. INFORMANT <u>Family record</u>		14. NAME OF HUSBAND OR WIFE <u>Phila Tistadt</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>9 hours</u>
IMMEDIATE CAUSE (a) <u>CVA</u>			
DUE TO (b) <u>cerebral thrombosis</u>			
DUE TO (c) <u>atherosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			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 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.)	
20c. TIME OF INJURY	Hour <u></u> a.m. <u></u> p.m. <u></u>	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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1-17-59</u> to <u>9-30-62</u> and last saw her/him alive on <u>9-30-62</u>		Death occurred at <u>9-30-62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Corncheshile MD</u>		22b. ADDRESS <u>Caruthersville, Mo.</u>	22c. DATE SIGNED <u>10-1-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 2, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	23d. LOCATION (City, town, or county) <u>Caruthersville, Mo.</u> (State)
24. FUNERAL DIRECTOR ADDRESS <u>Noel C. Dean Caruthersville, MO</u>		25. DATE RECD. BY LOCAL REG. <u>10-4-62</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 17 1962

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 Noel C Dean

Licensed Embalmer No. 3941

P. O. Address Catherinville
MD.

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.