

FILED FEB 6 1948
Registration District No. 1948

Primary Registration District No. 0791

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
all her life (Specify whether
In this community all her life
years, months or days)

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 30 1869
(Month) (Day) (Year)

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

9. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Geo. W. Newton
13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)
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 (b) Date thereof 2/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation High Point wood-man Cem. place?

18. (a) Signature of funeral director William J. Williams (Specify type of place)
(b) Address California Mo. While at work? (e) Means of injury _____

19. (a) 2/4/48 (b) C. H. Nail
(Date received local registrar) (Registrar's signature)

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 Mon
_____, 1948 to Feb 1, 1948
that I last saw her alive on Feb 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
& fibrillation.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 03E
Of autopsy _____

Duration

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? _____

23. Signature E. S. Sutton (M. D. or other) M.D.
Address Eldon Mo Date signed Feb 3 1948

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

MOTHER FATHER

VS AUG 19 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.....

Licensed Embalmer No.....

P. O. Address.....

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.