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PHS-700 (VS) REV. 4-57
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

Omaha-Douglas County Health Department
Division of Vital Statistics
CERTIFICATE OF DEATH

1277761

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1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa		b. COUNTY Pottawattamie	
b. CITY, TOWN, OR LOCATION Omaha		c. LENGTH OF STAY IN 1b 68 Days		c. CITY, TOWN, OR LOCATION Council Bluffs	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Veterans' Administration Hospital		d. STREET ADDRESS 221 South 25th Street			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. FARM RESIDENCE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CORTLAND		Middle ENDICOTT		Last TISHER	
4. DATE OF DEATH Month MARCH		Day 14		Year 1964	
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 11-6-89	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Government worker		10b. KIND OF BUSINESS OR INDUSTRY Civil Service		11. BIRTHPLACE (State or foreign country) Omaha, Nebraska	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Christian Tisher		13b. MOTHER'S MAIDEN NAME Jessie Endicott	
14. NAME OF HUSBAND OR WIFE Ina Tisher		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 562-42-7621	
17. INFORMANT Address VA Hospital Records; Omaha, Nebraska		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Right lung Interval between onset and death 5 Days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma of cecum with liver metastasis 9 Months DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 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 a. m. p. m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 1-6-64 to 3-14-64 and last saw him alive on 3-14-64 Death occurred at 2:50 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) J. E. Jones, M.D.			
22b. ADDRESS Veterans' Administration Hospital; Omaha, Nebraska		22c. DATE SIGNED 3-16-64			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-17-64		23c. NAME OF CEMETERY OR CREMATORY Memorial Park	
23d. LOCATION (City, town, or county) Council Bluffs, Iowa		23e. (State)			
24. DATE RECD. BY REGISTRAR MAR 18 1964		25. REGISTRAR'S SIGNATURE D. D. Lyman M.D.		26. NAME OF MORTUARY Cutler Funeral Home; Co. Bluffs, Iowa	

I hereby certify that the above is a true and correct copy of the certificate of Death recorded in the City of Omaha, County of Douglas, State of Nebraska.

Dated this 6th day of April 1964.

(Registrar)