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PHS-708(V8) REV. 4-57  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICEOmaha-Douglas County Health Department  
Division of Vital Statistics  
CERTIFICATE OF DEATH

127761

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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 lb 68 Days	c. CITY, TOWN, OR LOCATION Council Bluffs		
d. NAME OF HOSPITAL OR INSTITUTION 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 Day Year MARCH 14, 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) Yes (If yes, give war or dates of service) 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 DUE TO (b) Adenocarcinoma of cecum with liver metastasis 9 Months Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
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.)		INTERVAL BETWEEN ONSET AND DEATH 5 Days		
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> 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 Memorial Park	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 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 CREMATORIUM Memorial Park	23d. LOCATION (City, town, or county) Council Bluffs, Iowa	(State)	
24. DATE REC'D. BY REGISTRAR MAR 18 1964	25. REGISTRAR'S SIGNATURE John M. T.	26. NAME OF MORTUARY Cutler Funeral Home; Co. Bluffs, Iowa	ADDRESS		

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.



John M. D.  
(Registrar)