

FILED JUN 14 1944

Registration District No. 121

Primary Registration District No. 4200

Registrar's No. 33

## 1. PLACE OF DEATH:

- (a) County GREENE  
 (b) City or town Ash Grove Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 years, months or days) YEARS

3. (a) PRINT FULL NAME Elizabeth Tuttle

3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

4. Sex FEMALE | 5. Color or race W-  
 6. (a) Single, widowed, married, divorced.....  
 6. (b) Name of husband or wife John Tuttle  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 7 hr. min.

9. Birthplace Mo (City, town, or county) 13 (State or foreign country)

10. Usual occupation House Wic

## 11. Industry or business

- MOTHER, FATHER { 12. Name Timothy Simmons  
 13. Birthplace a (City, town, or county) (State or foreign country)  
 14. Maiden name.....  
 15. Birthplace a (City, town, or county) (State or foreign country)

16. (a) Informant Roscoe Carter(b) Address New Orleans L.A.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cem18. (a) Signature of funeral director Morris T. Leiman(b) Address Ash Grove Mo

19. (a) 4-27-44 (Date received local registrar) (b) W. Buch (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Greene 34  
 (c) City or town Ash Grove Mo (If outside city or town limits, write "RURAL")  
 (d) Street No..... (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23  
 year 1944 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from April 23, 1944, to April 23, 1944  
 that I last saw her alive on April 23, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage from Injury - probably Rupture of Aortic Aneurysm 5-min  
 Duration

- Due to.....  
 Due to.....

Other conditions Fibrinolytic 5 gm  
 (Include pregnancy within 3 months of death)

- Major findings: 96  
 Of operations.....  
 Of autopsy.....

## PHYSICIAN

Underline the cause to 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?

- While at work?..... (Specify type of place) (e) Means of injury.....  
 23. Signature Dr. Charles H. Orr (M. D. or other) MD  
 Address Ash Grove Mo Date signed 4/24/44

1254

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office,

County File Number 44-6-48

Date Filed 6-14-44

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 Maude O. Morris

Licensed Embalmer No. 2065

P. O. Address Ash Grove

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. June  
Registrar's No. 83

Registration District No. 121

Primary Registration District No. 4200

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Ash Grove  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Elizabeth Zettle

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 John 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years 76 Months 4 Days 10 If less than one day \_\_\_\_\_ min.

9. Birthplace Wadesville MO (City, town, or county) (State or foreign country)

10. Usual occupation Wadesville

11. Industry or business \_\_\_\_\_

12. Name Timothy Summary

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Roscoe Carter

(b) Address New Orleans, La.

17. (a) Burial (b) Date thereof April 28 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cem.

18. (a) Signature of funeral director Morris Keiman

(b) Address Ash Grove MO

19. (a) 4-27-44 (b) Bob Birch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 26 Year 1944 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ after on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

930

MISSOURI SUPPLEMENTARY

MOTHER FATHER

1944 8 10

18105