

FILED JUL 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20010

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. -2-

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(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 _____)
In this community 1 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Odessa 4
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Isaac Jefferson Tuttle

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 17 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 8 hr. min.

9. Birthplace unknown Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter Retired

11. Industry or business _____

12. Name Marion Tuttle

13. Birthplace unknown Ky
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs G B Goodson

(b) Address 5203 Winona St Louis, Mo

17. (a) Burial (b) Date thereof June 28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park - KC. Mo

18. (a) Signature of funeral director Blair Han

(b) Address Odessa Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 26
year 1948 hour 9 minute 18 M.

21. I hereby certify that I attended the deceased from 4-5-1948 to 6-26-48
that I last saw him alive on 6-25- and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to myocarditis chronic

Due to anemia

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

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 [Signature] (M. D. or other) _____

Address Odessa Mo Date signed 7/4/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-13-48

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 Clifton R. Blinn

Licensed Embalmer No. 2945

P. O. Address Osama Mo

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.