

22941

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10. 48

FILED AUG 15 1949

93

4154

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield		c. LENGTH OF STAY (in this place) 2yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield		d. STREET ADDRESS (If rural, give location) Wells St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mitchell Nursing Home				d. STREET ADDRESS (If rural, give location) Wells St.			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas			b. (Middle) H		c. (Last) Tuttle		4. DATE OF DEATH (Month) (Day) (Year) July 28 1949
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Oct 3 1881	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 9 Days 25	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James R. Tuttle			13b. MOTHER'S MAIDEN NAME Susie L Tuttle		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Nettie Mitchell		ADDRESS Greenfield Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Lt hip ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 Mo. 29040 21	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) Greenfield Dade Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 7/26 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell		29	
22. I hereby certify that I attended the deceased from 7/5 1949 to 7/20 1949 , that I last saw the deceased alive on 7/26 1949 and that death occurred at m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. R. Cain M.D.				23b. ADDRESS Greenfield		23c. DATE SIGNED 7/30/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 30 1949	24c. NAME OF CEMETERY OR CREMATORY Greenfield		24d. LOCATION (City, town, or county) (State) Greenfield Mo			
DATE REC'D BY LOCAL REG. 8-1-49		REGISTRAR'S SIGNATURE W. R. Allison		25. FUNERAL DIRECTOR'S SIGNATURE W. R. Allison		ADDRESS Greenfield Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 8 1949
District Health Office No. 6,
District File Number 849-914
Date Filed 8-8-49

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

W. R. Allison

Signed.....

Student Embalmer

Licensed Embalmer No.

4404

P. O. Address.....

Greenfield, Mass

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.