

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32463

BIRTH NO. _____ REG. DIST. NO. 3317 PRIMARY REG. DIST. NO. 30021 Registrar's No. 300221

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7235 Shaftsbury</u>		d. STREET ADDRESS (If rural, give location) <u>7235 Shaftsbury</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>Yates</u> c. (Last) <u>Tussey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 16 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>WIDOWED</u> (Specify)	8. DATE OF BIRTH <u>Jan 17 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Carrollton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>C. E. Yates</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Averil</u>	14. NAME OF HUSBAND OR WIFE <u>I. D. Tussey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. E. Tussey 7235 Shaftsbury</u>
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) <u>Congestive heart failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u> DUE TO (b) <u>several years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 4, 1949</u> , to <u>Sept 16, 1949</u> , that I last saw the deceased alive on <u>Sept 16, 1949</u> , and that death occurred at <u>10:24 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ole W. Lutten M.D.</u> (Degree or title)		23b. ADDRESS <u>St Louis Mo</u>	23c. DATE SIGNED <u>Sept 17-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Toplin Co.</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>
DATE REC'D BY LOCAL REG. <u>9-17-49</u>	REGISTRAR'S SIGNATURE <u>Richard B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James G. Alexander & Sons 6175 Belmont</u>	

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

Westrew Luton
Reamont Bldg
Je 2866
call at 1:30

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.

Student
Student Embalmer

Signed

Joe E McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175-Delma

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.