

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32792

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 6209 Registrar's No. _____

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Texas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u> | c. LENGTH OF STAY (In days) <u>3 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Houston, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> | b. (Middle) <u>R.</u> | c. (Last) <u>TUTTLE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 27 49</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Dec. 20, 1867</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>9</u> | IF UNDER 24 HRS. Hours <u>7</u> Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Railroad work</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Texas Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME <u>Thomas Tuttle</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Stanley</u> | 14. NAME OF HUSBAND OR WIFE <u>Hary</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>C. J. Tuttle</u> | ADDRESS <u>Houston Mo</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>153X</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac - Respiratory Failure</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Carcinoma of Colon (Primary site)</u> DUE TO (c) <u>None</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 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 Jan 5, 1945, to Sept 9, 1949, that I last saw the deceased alive on Sept 9, 1949, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

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|--------------------------------------|-------------------|-----------------------------------|--|
| 23a. SIGNATURE <u>D. J. Burns</u> | (Degree or title) | 23b. ADDRESS <u>Houston Mo</u> | 23c. DATE SIGNED <u>Sept 29, 49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-29-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u> | 24d. LOCATION (City, town, or county) (State) <u>Houston Mo</u> |
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|--|---|--|---------------------------|
| DATE REC'D BY LOCAL REG <u>Oct. 4, 1949</u> | REGISTRAR'S SIGNATURE <u>Mabel Skacellette</u> | 25. FEDERAL DIRECTOR'S SIGNATURE <u>Dwight D. Elliott</u> | ADDRESS <u>Houston</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Received
10-7-
10:15

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Md

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.