

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17166

State File No. _____

Registrar's No. 84

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3177</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>7 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		<u>0492</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>839 N. Oak St.</u>			d. STREET ADDRESS (If rural, give location) <u>839 N. Oak St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Mazy</u>		c. (Last) <u>Tuggle</u>	
4. DATE OF DEATH (Month) <u>May</u> (Day) <u>26</u> (Year) <u>1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 31 1875</u>		9. AGE (In years last birthday) <u>74</u> Months <u>11</u> Days <u>25</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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Edward Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hoover</u>	
14. NAME OF HUSBAND OR WIFE <u>A.L. Tuggle</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>A.L. Tuggle, 839 N. Oak, Webb City, Mo.</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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Sensility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		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>5/22</u> , 19 <u>50</u> , to <u>5/26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/26</u> , 19 <u>50</u> , and that death occurred at <u>5:25 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Mrs. Wells</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>924 N. Dargatz, Webb City, Mo.</u>		23c. DATE SIGNED <u>5/27/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Webb City, Mo</u>		24e. (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnce-Simpson</u> ADDRESS <u>Webb City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 27 1950</u>		REGISTRAR'S SIGNATURE <u>J. L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

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

RECEIVED 6-1-50

Jasper County Health Office

County File Number 50-5-442

Date Filed 6-1-50

JUN 5 1950

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 *Harvey E. Anne*.....

Licensed Embalmer No. *4463*.....

P. O. Address *Waco City Tex.*.....

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.