No. 300
10.48

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

FILED JUL 1 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20519

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2695

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 44 th & Mill Creek
c. LENGTH OF STAY (In this place): non resident
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Kansas City 0241
d. STREET ADDRESS (If rural, give location): 1212 E. 22 nd Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Victor
b. (Middle): Arthur
c. (Last): Tuttle

**4. DATE OF DEATH** (Month) (Day) (Year): June 14, 1950

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Sept. 19, 1909
**9. AGE** (In years last birthday): 40 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Auto Salesman
**10b. KIND OF BUSINESS OR INDUSTRY**: Allied Motors
**11. BIRTHPLACE** (State or foreign country): Bucklin, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: George A. Tuttle
**13b. MOTHER'S MAIDEN NAME**: Stanfield
**14. NAME OF HUSBAND OR WIFE**: Delta Tuttle

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 495-03-7574
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Delta Tuttle
**ADDRESS**: 1212 E. 22nd N.K.C.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 25 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Aortic + Pulmonary Valve Stenosis
DUE TO (c) Rheumatic Fever

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 ☒ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 7:25 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: R. C. Schaffer (Degree or title) R. C. Schaffer MD: Pathologist O
23b. ADDRESS: St Lukes Hospital KCMo
23c. DATE SIGNED: 6-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17, 1950
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Liberty, Mo.

DATE REC'D BY LOCAL REG.: 6-17-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. NEWCOMER'S SONS
ADDRESS: 832 Armour N.K.C.

(Licensed Embalmer's Statement on Reverse Side)

Mo.

## 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 Glenn L. Gill

Licensed Embalmer No. 4586

P. O. Address Bo

**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.