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FILED DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36542

State File No.

BIRTH NO. REG. DIST. NO. 44 PRIMARY REG. DIST. NO 4060 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Breckenridge
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Breckenridge
d. STREET ADDRESS (If rural, give location): 0130

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): May
c. (Last): Gibbs Tuttle

4. DATE OF DEATH (Month) (Day) (Year): 12 - 1 - 51

5. SEX: F 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 29th May 1884
9. AGE (In years last birthday): 67 — If under 1 year: Months 6, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hamilton Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: George W. Streeter
13b. MOTHER'S MAIDEN NAME: Verkora Jane James
14. NAME OF HUSBAND OR WIFE: Fred C. Tuttle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Fred C. Tuttle — ADDRESS: Breckenridge Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 153X
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): Breckenridge Township, Missouri
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* Oct 1, 1951, *to* Dec 1, 1951, *that I last saw the deceased alive on* Dec 1, 1951, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank R. Daley (Degree or title) MD.
23b. ADDRESS: Hamilton Mo.
23c. DATE SIGNED: 12-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-3-51
24c. NAME OF CEMETERY OR CREMATORY: Highland
24d. LOCATION (City, town, or county) (State): Hamilton, Mo

DATE REC'D BY LOCAL REG.: 12-5-51
REGISTRAR'S SIGNATURE: Mrs. Nell B. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: O. L. Trammell — ADDRESS: Breckenridge Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, 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 George B. Trammell

Licensed Embalmer No. 4425

P. O. Address 98 - Breckenridge

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.