

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12389**

**FILED** APR 21 1952

0241  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>23</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		0241	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Professional Bldg.</u>				d. STREET ADDRESS, (If rural, give location) <u>449 Miller Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>M</u> c. (Last) <u>Tutt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 18-1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 Hrs. Days <u>26</u>	IF UNDER 1 MIN. Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry-</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>B. G. Tutt</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Thornton</u>		14. NAME OF HUSBAND OR WIFE <u>Olive Crafton Tutt</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Olive Tutt</u> ADDRESS <u>Liberty, 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 &amp; Coronary Insufficiency</u> DUE TO (c) <u>Old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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>Coroner's Co. #19</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4-10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. A. Pate md. Cr.</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>North Kansas City Mo.</u>		23c. DATE SIGNED <u>4/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April-17-1952</u>		REGISTRAR'S SIGNATURE <u>Morris Hayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George Owen Co. Liberty, Mo.</u> ADDRESS			

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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

*John Koberg*  
Licensed Embalmer No. 4448

P. O. Address *Liberty 300*

**NOTE: This form MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with this above constitutes grounds for revocation of license.)**

If the body is not embalmed, fact should be so stated above.