.S. No. 300
EV. 10.48

DEC 29 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41525

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 340

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia
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) Boone Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia Mo 0105
d. STREET ADDRESS (If rural, give location) 605 Park Ave Rear

3. NAME OF DECEASED (Type or Print)
a. (First) David
b. (Middle)
c. (Last) Tuttle

4. DATE OF DEATH (Month) 12 (Day) 23 (Year) 52

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, DIVORCED (Specify) |

8. DATE OF BIRTH Dec. 25 1881

9. AGE (In years last birthday) 71 — 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) Car Washer

10b. KIND OF BUSINESS OR INDUSTRY Car Washer

11. BIRTHPLACE (State or foreign country) Boone Co. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Do NOT Know

13b. MOTHER'S MAIDEN NAME Do NOT Know

14. NAME OF HUSBAND OR WIFE Susie Tuttle

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. 490-07-0678

17. INFORMANT'S SIGNATURE OR NAME Susie Tuttle — **ADDRESS** Columbia Mo.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 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 4200

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* 12/23/52, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry J. Sweets Jr. (Degree or title) M.D. Coroner

23b. ADDRESS 909 University Ave Columbia Mo

23c. DATE SIGNED 12/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-27-52

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) N.W. Columbia (State) Mo

DATE REC'D BY LOCAL REG. Dec 26 1952

REGISTRAR'S SIGNATURE Mrs. R. E. Palmer

25. FUNERAL DIRECTOR'S SIGNATURE A. C. Freeman — **ADDRESS** Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 7 1958

JAN 15 1958

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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia Mo

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.