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

FILED SEP 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28399

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethany
c. LENGTH OF STAY (in this place) 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lacy Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethany 0411
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Thomas c. (Last) Tuggle

4. DATE OF DEATH (Month) (Day) (Year) 9-8-53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sep. 12-1870
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 11 Days 28 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer
11. BIRTHPLACE (State or foreign country) Ridgeway Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Tuggle
13b. MOTHER'S MAIDEN NAME Nancy Harrold
14. NAME OF HUSBAND OR WIFE Edith Tuggle Deceased

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. No
17. INFORMANT'S SIGNATURE OR NAME Mrs H. Y. Smith Ridgeway Mo — ADDRESS

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) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH 8-31-53

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) 10 YRS

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* August 31, 1953, *to* 9-8, 1953, *that I last saw the deceased alive on* 9-6, 1953, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Gilbert M. Throgen DO
23b. ADDRESS Bethany, Mo
23c. DATE SIGNED 9-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-10-53
24c. NAME OF CEMETERY OR CREMATORY Ridgeway Cemetery
24d. LOCATION (City, town, or county) (State) ½ m. N.W. Ridgeway Mo

DATE REC'D BY LOCAL REG. 9/9/53
REGISTRAR'S SIGNATURE Zola Burris 116-0
25. FUNERAL DIRECTOR'S SIGNATURE Robert R Boggess — ADDRESS Ridgeway Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Robert R Boggers.

Licensed Embalmer No. 3576

P. O. Address Rockland Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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