

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29413**

BIRTH NO. _____ REG. DIST. NO. **239** PRIMARY REG. DIST. NO. **4356** Registrar's No. **18**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY New Madrid		a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Parma		c. CITY (If outside corporate limits, write RURAL and give township) Parma	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. CITY (If outside corporate limits, write RURAL and give township) 0	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Columbus	b. (Middle) Christopher	c. (Last) Tuttleton	(Month) AUG	(Day) 8	(Year) 1953
5. SEX M	6. COLOR OR RACE -W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 4 1874		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Near Bernie Missouri	
13a. FATHER'S NAME Jimmie Tuttleton			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Osa Belle Tuttleton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		12. CITIZEN OF WHAT COUNTRY? USA	
17. INFORMANT'S SIGNATURE OR NAME Osa Belle Tuttleton Parma 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coriatic Insuff			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		11. 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 4222			

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) Parma Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Aug 5, 1953, to Aug 8, 1953, that I last saw the deceased alive on Aug 8, 1953, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS Parma, Mo.	23c. DATE SIGNED 8/10/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 10 1953	24c. NAME OF CEMETERY OR CREMATORY Malden Cemetery	24d. LOCATION (City, town, or county) (State) Malden Missouri
DATE REC'D BY LOCAL REG. 8/10/53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Service Watkins Funeral Service, Parma Mo;	

(Licensed Embalmer's Statement on Reverse Side)

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

720

2008

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 Walter Marsh Wathens

Licensed Embalmer No. 4717

P. O. Address Depter no.

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.