

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. FITCH

31544

State File No.

FILED SEP 28 1953

Registrar's No. 897

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD <u>0396</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 924 E. MADISON <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 924 E. MADISON			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) PENCE	c. (Last) TUTTLE	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 22 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, <u>9</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH FEB. 25 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY CABINET MAKER	11. BIRTHPLACE (State or foreign country) KENT, OHIO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SETH TUTTLE	13b. MOTHER'S MAIDEN NAME NANCY FRANK	14. NAME OF HUSBAND OR WIFE X
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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. X	17. INFORMANT'S SIGNATURE OR NAME R.L. TUTTLE ADDRESS SPRINGFIELD, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification <i>Cardio-renal vascular disease</i>		INTERVAL BETWEEN DEATH 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) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-78 1951, to _____, 19____, that I last saw the deceased alive on 6-78, 1951, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Type or Print)	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 9-22-53
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	24b. DATE 9/24/53	24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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DATE REC'D BY LOCAL REG. 9-23-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Paul S. [Signature]

Licensed Embalmer No. *4734*

P. O. Address *Spauld, 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.