

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13678

FILED APR 26 1957

State File No. \_\_\_\_\_  
Registrar's No. 76

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 4248		State File No. _____		Registrar's No. 76			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper							
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Sarcoxie			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Sarcoxie		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Sarcoxie, Mo.				e. STREET ADDRESS (If rural, give location) Sarcoxie, Mo. 0490							
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Edmund c. (Last) Tuttle			4. DATE OF DEATH (Month) (Day) (Year) Apr. 15, 1957								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 1, 1904		9. AGE (In years last birthday) 52	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) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Used Cars		11. BIRTHPLACE (City and State or Foreign Country) Sarcoxie, Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charles Tuttle			13b. MOTHER'S MAIDEN NAME Millie Jane Coates			14. NAME OF HUSBAND OR WIFE Madge Fagg					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 487-10-5991		17. INFORMANT'S SIGNATURE OR NAME Mrs Madge Tuttle, Sarcoxie, 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) Coronary Arteriosclerosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 hrs  1 yr	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		4201					
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 Jan 19, 1955, to 18 Apr, 1957 that I last saw the deceased alive on 15 Apr, 1957 and that death occurred at 11:30 A.M., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) _____ M.D.				23b. ADDRESS Sarcoxie, Mo.			23c. DATE SIGNED 4-20-57				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 17, 1957		24c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery		24d. LOCATION (City, town, or county) Sarcoxie Missouri		(State) _____			
DATE REC'D BY LOCAL REG. 4-20-57		REGISTRAR'S SIGNATURE _____			25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo. ADDRESS _____						

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

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PASPER COUNTY HEALTH OFFICE  
County File Number 57-4-339  
Date Filed APR 24 1957

**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.....  
Signature of Student Embalmer

Signed *Edwin G. Thomas*.....

Licensed Embalmer No. 2953

P. O. Address *Health Dept.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.