

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1957

32318
STATE FILE NUMBER
2001 Registrar's No. 475

Registration District No. 156 Primary Registration District No. 2001

300
1-57

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, give TOWNSHIP only) TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION T. JOHN'S HOSP.		Length of stay in lb 20 YRS	d. STREET ADDRESS (If outside, give location) 329 N. SERGEANT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES L. TUTTLE			4. DATE OF DEATH Month Day Year OCTOBER 6, 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 27, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY GAS AND AIR COMPRESSION	11. BIRTHPLACE (City and state or country) TEXAS LUBBOCK COUNTY, U.S.A.
13a. FATHER'S NAME TOM TUTTLE		13b. MOTHER'S MAIDEN NAME PAULINE BOWMAN	14. NAME OF HUSBAND OR WIFE MYRTLE TUTTLE
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. UNK	17. INFORMANT Address MRS. MYRTLE TUTTLE, 329 N. SERGEANT
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic pancreatitis.			INTERVAL BETWEEN ONSET AND DEATH. 3 months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Diabetes mellitus			Several years
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Fracture left hip - Internal fixation			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18). 260XF	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 9-16-57 to 10-6-57 and last saw ^{Max} him alive on 10-6-57 Death occurred at 2:08 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS 308 Financial Reserve Life Bldg. 10-8-57	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-8-57	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,
		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 10-11-1957	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard non-permanence inks. No stylus inks will be used. All diseases in Part I must be causally related.

RECEIVED OCT 14 1957

Wasper County Health Office

County File Number 846

Date Filed OCT 14 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 F. M. Jones

Licensed Embalmer No. 2319

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