V.S. No. 300
Rev. 10-48

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44151

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5484 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Butler Twp.
c. LENGTH OF STAY (In this place): 19 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 miles Northeast of McFall, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Butler Township 04 10
d. STREET ADDRESS (If rural, give location): 8 miles Northeast of McFall, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle): Pearl
c. (Last): Tull

4. DATE OF DEATH (Month) (Day) (Year): Dec 29 1957

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: Jan. 6, 1881
9. AGE (In years last birthday): 76 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Albany, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Newton Vance
13b. MOTHER'S MAIDEN NAME: Sarah Florence Roberson
14. NAME OF HUSBAND OR WIFE: Percy Tull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 494-40-9754
17. INFORMANT'S SIGNATURE OR NAME: Percy Tull — ADDRESS: McFall, Mo.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Myocardial Failure	4 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Toxemia.	7 days
DUE TO (c)	Asiatic Influenza	10 days
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	481X	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ 2

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* 12-29-57, 19___, *to* 12-29-57, 19___, *that I last saw the deceased alive on* 12-29-57 19___, *and that death occurred at* 3:30P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. H. Thoeger D.O. 2
23b. ADDRESS: Bethany, Mo.
23c. DATE SIGNED: 12-31-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-31-1957
24c. NAME OF CEMETERY OR CREMATORY: Matkins Cemetery
24d. LOCATION (City, town, or county) (State): Harrison County Missouri

DATE REC'D BY LOCAL REG.: 12-31-57
REGISTRAR'S SIGNATURE: Zella Maxey
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. G. Noble & Son New Hampton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 William George Noble

Licensed Embalmer No. 4987

P. O. Address New Hampton, Missouri

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.