

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4220

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 2

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Walker |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR #402 N. Cedar St. INSTITUTION Wyatt Nursing Home 1 week | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) |
| 3. NAME OF DECEASED (Type or print) Emma C. Tuttle | | 4. DATE OF DEATH Jan. 7, 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 3, 1870 |
| 9. AGE (In years last birthday) 87 | | 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 At Home | 11. BIRTHPLACE (City and state or country) Crawfordville, Ind. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME William King | |
| 14. MOTHER'S MAIDEN NAME Elizabeth Eliason | | 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 | | 17. INFORMANT Address Mrs. Wayne Phillips-Walker, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerosis DUE TO (c) — | | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Advanced age | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X | |
| 20c. TIME OF INJURY Hour Month, Day, Year None | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Nevada | | 20f. CITY, TOWN, OR LOCATION COUNTY Vernon STATE Mo | |
| 21. I attended the deceased from Jan 1, 58 to Jan 7, 58 and last saw her alive on Jan 7, 58 Death occurred at 1100 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W. S. Love MD | | 22b. ADDRESS Nevada Mo | |
| 22c. DATE SIGNED 1-10-58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 1-9-1958 | | 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park | |
| 23d. LOCATION (City, town, or county) Nevada, Mo. | | 23e. (State) | |
| 24. FUNERAL DIRECTOR Eichinger Funeral Home - Nevada, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-13-1958 | |
| 26. REGISTRAR'S SIGNATURE Anna E. Ferry | | | |

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.....

Percy F. Milster

Licensed Embalmer No. *480*

P. O. Address *Nevada*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**