

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040250

STATE FILE NUMBER

5598

FILED DEC 11 1958

Registration District No. 149 Primary Registration District No. 1005 Registrar's No.

5. 300
1.-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp		Length of stay in 1b 44 Yrs	d. STREET ADDRESS (If outside, give location) 4529 Wornall Rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle G Last TUTTLE			4. DATE OF DEATH Month 11 Day 25 Year 1958
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 8 1 1885
10a. USUAL OCCUPATION (Give kind of work done during most working life, or if retired) Salesman Ret		10b. KIND OF BUSINESS OR SERVICE Selling	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Johnson Co, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Geo. W. Tuttle		13b. MOTHER'S MAIDEN NAME Mary Susan Garrison	14. NAME OF HUSBAND OR WIFE Mrs, Emma Tuttle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 486 01 2359	17. INFORMANT Address Mrs. Emma Tuttle 4529 Wornall Rd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia left lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) aspiration DUE TO (c) Cerebral vascular accident, thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days 9 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinson's disease due to arteriosclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 332 X	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 July 29, 1958 to Nov 25, 1958 and last saw him live on Nov 25, 1958 Death occurred at 11:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H Eugene Smith</i> (Degree or title) 0		22b. ADDRESS 1111 Nichols Road, KC Mo. Nov 25, 1958	
22c. DATE SIGNED Nov 25, 1958			
23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial	23b. DATE 11-28-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR FLORAL HILLS MEMORIAL CHAPELS, INC		25. DATE RECD. BY LOCAL REG. 11-26-58	26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
H. Eugene Smith

Handwritten notes and a circular stamp with illegible text.

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 *[Handwritten Signature]*

Licensed Embalmer No. *5438*

P. O. Address. *[Handwritten Address]*

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.