

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040892

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 318

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		c. CITY OR TOWN <b>Maitland</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis</b>		Length of stay in lb <b>3 days</b>	
3. NAME OF DECEASED (Type or print) First <b>IRA</b> Middle <b>VERNON</b> Last <b>TULLIS</b>		4. DATE OF DEATH Month <b>11</b> Day <b>7</b> Year <b>58</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6/19/04</b>
9. AGE (In years last birthday) <b>54</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Kansas</b>
10a. FATHER'S NAME <b>Frank Tullis</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank Tullis</b>		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <b>Cordelia Smith Tullis</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>524-34-6747</b>		17. INFORMANT Address <b>Mrs. Cordelia Tullis, Maitland, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary Occlusion</b> DUE TO (c) <b>Coronary Atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 days</b> <b>3 1/2 days</b> <b>&lt; 5 yrs.</b>
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"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ 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 <b>11/3/58</b> to <b>11/7/58</b> and last saw him <input checked="" type="checkbox"/> alive on <b>11/6/1958</b> Death occurred at <b>3:00</b> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>R. W. Wenge M. D.</b>	
22b. ADDRESS <b>Maryville, Missouri</b>		22c. DATE SIGNED <b>11/7/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-9-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Maillard Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Maillard Mo.</b>	
24. FUNERAL DIRECTOR <b>Price Funeral Home,</b> ADDRESS <b>Maryville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-15-58</b>	
26. REGISTRAR'S SIGNATURE <b>Bess Holt</b>			

JUL 7 1961

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 *John W. Price* .....

Licensed Embalmer No. *4281* .....  
P. O. Address *Maryville 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.