

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012171  
STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 140

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Adair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kirksville</b> <b>00130</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>701 E. Washington</b>		Length of stay in 1b <b>(Home)</b>	d. STREET ADDRESS <b>701 E. Washington</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Adeline</b> Middle <b>Tuttle</b> Last <b>Tuttle</b>			4. DATE OF DEATH Month <b>4</b> Day <b>26</b> Year <b>59</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4/28/1877</b>		9. AGE (In years, first birthday) <b>81</b>
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR OCCUPATION <b>domestic</b>	11. BIRTHPLACE (City and state or country) <b>Adair County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John R. Music</b>		13b. MOTHER'S MAIDEN NAME <b>Innis Greenstreet</b>		14. NAME OF HUSBAND OR WIFE <b>E. C. Tuttle</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Innis Tuttle-Kirksville, 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>Coronary occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Few minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary thrombosis</b>					<b>Few hrs</b>
DUE TO (c) <b>Arteriosclerosis (coronary)</b>					<b>Several yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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>Aug 1951</b> to <b>Apr 25, 1959</b> last saw her alive on <b>Apr 25, 1959</b> Death occurred at <b>(Estimated) 4:30AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John R. Roderick</b> (Degree or title) <b>John R Roderick, D.O.</b>			22b. ADDRESS <b>104 1/2 N Franklin KIRKSVILLE, Mo</b>		22c. DATE SIGNED <b>4/30/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>4/28/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brashear Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Brashear, Mo.</b>
24. FUNERAL DIRECTOR <b>Davis &amp; Davis-Kirksville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-2 1959</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JOHN R. RODERICK, D.O.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 1 1989

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 *Robert B. Davis* .....

Licensed Embalmer No. *4219* .....  
P. O. Address *Huberville* .....

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.