URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1959

59–039805

STATE FILE NUMBER

IENDED

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 302

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Twp — Length of stay in Ib 4 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton PR — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Clinton, Mo # 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Ervin — Middle Moree — Last Tuter
4. DATE OF DEATH: Month Dec — Day 4 — Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov 23. 1899
9. AGE (last birthday) 60 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St Clair Co, Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Milton Tuter
13b. MOTHER'S MAIDEN NAME Emma Moree
14. NAME OF HUSBAND OR WIFE Stella O Tuter
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. 494-18-4858
17. INFORMANT Stella O Tuter — Address Clinton, Mo # 2

MEDICAL CERTIFICATION

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 Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cerebral Vascular Disease — 3 yrs
DUE TO (c) Essential Hypertention — 15 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1959 to Dec 4, 1959 and last saw her alive on Dec 3, 1959
Death occurred at 3:00 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. M. McIntyre (Degree or title) M.D.
22b. ADDRESS Clinton Mo.
22c. DATE SIGNED 12-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 6. 1959
23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery
23d. LOCATION (City, town, or county) (State) Clinton, Mo

24. FUNERAL DIRECTOR Sickman & Dunning FH — ADDRESS Clinton, Mo
25. DATE RECD. BY LOCAL REG. Dec 9, 1959
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert L Dunn

Signature of Student Embalmer

Licensed Embalmer No. 4710

P. O. Address Clinton

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