

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 24 1960

-60-040779 STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6174 Registrar's No. 93

INDEXED

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|---|--|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clay</u> | | Length of stay in lb | | c. CITY OR TOWN <u>Harris</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) <u>Road EE</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>5 mis. NE Harris</u> | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Tuller</u> Last <u>Tuller</u> | | | | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>5</u> Year <u>1960</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>6-27-35</u> | 9. AGE (last birthday) <u>25</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Harris, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>John M. Tuller</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary M. Boyd</u> | | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u> | | | 16. SOCIAL SECURITY NO. <u>495-46-0118</u> | 17. INFORMANT <u>Noah Tuller, Newtown, Mo.</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Trauma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <u>Multiple skull fracture due to auto accident</u> | | | | | |
| 20c. TIME OF INJURY <u>7:10</u> <input checked="" type="checkbox"/> p.m. <u>10/5/60</u> | 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.) | | 20f. CITY, TOWN, OR LOCATION <u>Harris, Mo.</u> | | COUNTY | STATE |
| 21. I attended the deceased from <u>7:10 P.M.</u> to <u>10/5/60</u> and last saw him alive on <u>Oct 5 as coroner</u> Death occurred at <u>7:10 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 22b. ADDRESS <u>Harris, Mo.</u> | | 22c. DATE SIGNED <u>10/7/60</u> | |
| 23a. BURIAL, CREMATION, REINTERMENT (Specify) | 23b. DATE <u>Oct. 7, '60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Sullivan County, Mo</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Judd & Payne, Newtown, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>10-18-60</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 22 100 SA

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 T. Howard Gould

Licensed Embalmer No. 324

P. O. Address New York

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.

attest my hand and seal of office this 22nd day of October 1961