

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 22

-62-019943

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED MAY 25 1962

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. Registrar's No. 48

VS 300
Rev. 4/59

10860

28150

3

4 0

5 1

6

7 9

8 2

9 861X

10 39

11 086

12 91-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Seward	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Union Twp. Length of stay in 1b		c. CITY OR TOWN Liberal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1034 North Carlton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Benjamin Frank Tuttle		4. DATE OF DEATH Month Day Year May 22 1962	
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 4/28/99
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months 0 Days 24	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Compressor Division Supt.		10b. KIND OF BUSINESS OR INDUSTRY Transportation Natural Gas	11. BIRTHPLACE (City and state or country) United States
13a. FATHER'S NAME Charles Guy Tuttle		13b. MOTHER'S MAIDEN NAME Effie Jaynes	14. NAME OF HUSBAND OR WIFE Gladys
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 10/29/18-12/20/18		17. INFORMANT J.M. Anderson, Jackson, Tenn. 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) Multiple Injuries DUE TO (b) from plane crash DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
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	
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.) Crash of Continental Flight 11	
20c. TIME OF INJURY Hour 9:45 p.m. Month, Day, Year 5/22/62			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) on farm	20f. CITY, TOWN, OR LOCATION Union Twp. Putnam County	STATE Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:45 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas. L. Seidel (Degree or Title)		22b. ADDRESS Unionville, Missouri	22c. DATE SIGNED 5/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-24-62	23c. NAME OF CEMETERY OR CREMATORY Liberal Memorial Gardens	23d. LOCATION (City, town, or county) Liberal, Kansas
24. FUNERAL DIRECTOR J.M. Johnson	ADDRESS Centerville, Mo	25. DATE RECD. BY LOCAL REG. 5-24-62	26. REGISTRAR'S SIGNATURE Maxwell D. Dierbin

USE BLACK INK OR TYPEWRITER RIBBON

44

VS MAY 25 1962

VS MAY 29 1962

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 Walter L. Johnson

Licensed Embalmer No. 3487

P. O. Address Centerville, Va.

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.