

FILED JAN 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 53

BIRTH NO. REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 401Y Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Atchison Co
b. CITY OR TOWN Rock Port mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Weathers (rural) 0030
d. STREET ADDRESS None

3. NAME OF DECEASED (Type or Print)
a. (First) Jane b. (Middle) TOURTELOTTE c. (Last) TOURTELOTTE
4. DATE OF DEATH (Month) (Day) (Year) Jan 5 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar-5-1861 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 10 Days 0 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Neb. Atchison Co - Mo. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William Tourtelotte 13b. MOTHER'S MAIDEN NAME Melissa Bailey 14. NAME OF HUSBAND OR WIFE Charles B. Tourtelotte (deceased)

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. no 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Wright - Rock Port mo ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage about 3 years ago.
INTERVAL BETWEEN ONSET AND DEATH Several Yrs
352X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12' 27' 1950, to 1' 5' 1951, that I last saw the deceased alive on 12' 30' 1950 and that death occurred at 5. A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G.a. Reutter M.D. 23b. ADDRESS Rockport, Mo. 23c. DATE SIGNED 1' 5' 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 7 - 1951 24c. NAME OF CEMETERY OR CREMATORY Center Grove Cemetery Weathers mo 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Jan 9, 1951 REGISTRAR'S SIGNATURE Registrar's Signature 443 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gisham Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

030



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 _____

C. E. Burton

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *C. E. Burton*

Licensed Embalmer No. *1764*

P. O. Address *Rock Port 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 this body is not embalmed, fact should be so stated above.