

FILED AUG 17 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. FERGUSON

State File No. 28359

BIRTH NO. 51255 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 762-B

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI COUNTY GREENE		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		0.396
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.			d. STREET ADDRESS (If rural, give location) 621 N. WARREN 0		
3. NAME OF DECEASED (Type or Print) a. (First) INFANT DAUGHTER MR. MRS. CLARENCE TUTTLE b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) AUG. 13, 1953		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 13, 1953	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
IF UNDER 1 YRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CLARENCE TUTTLE		13b. MOTHER'S MAIDEN NAME LYNDEL OWENS		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLARENCE TUTTLE SPRINGFIELD, MO.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature separation of placenta  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. Prematurity				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 774X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-13, 1953, to 8-13, 1953, that I last saw the deceased alive on 8-13, 1953, and that death occurred at 1:30p m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John P. Ferguson			23b. ADDRESS No. D. Springfield Mo.		23c. DATE SIGNED 8-24-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/14/53	24c. NAME OF CEMETERY OR CREMATORY EASTLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		
DATE REC'D BY LOCAL REG. 8-15-53	REGISTRAR'S SIGNATURE Earl Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.		

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

**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 .....

Student Embalmer

Signed \_\_\_\_\_

*Lucian J. Swadlow*

Licensed Embalmer No. \_\_\_\_\_

*4815*

P. O. Address \_\_\_\_\_

*Springfield*

**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.