

## STANDARD CERTIFICATE OF DEATH

State File No. 36550

FILED NOV 12 1953

BIRTH NO.

REG. DIST. NO. 210

PRIMARY REG. DIST. NO. 4322

Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Princeton</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Princeton</b> <i>cl 50</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eva</b>		b. (Middle) <b>R</b>		c. (Last) <b>Tuttle</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 27, 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 4, 1877</b>		9. AGE (In years last birthday) <b>76</b> if UNDER 1 YEAR: Months Days if UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Hiram Merritt</b>		13b. MOTHER'S MAIDEN NAME <b>Francis Steel</b>	
14. NAME OF HUSBAND OR WIFE <b>John Tuttle</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Ellsworth</b>		ADDRESS <b>Princeton, Mo.</b>			
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) <b>Coronary Occlusion</b> ANTECEDENT CAUSES DUE TO (b) <b>Sudden death</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>2-3 days (Arteriosclerosis) H.P. &amp; been from walking for 3 days</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY <b>4201</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Princeton Mercer Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 19, 1953</b> to <b>Oct 27, 1953</b> , that I last saw the deceased alive on <b>Oct 27, 1953</b> , and that death occurred at <b>7:45 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>D. S. Diston, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Princeton, Mo.</b>	
23c. DATE SIGNED <b>11/4/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-29-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Goshen Ceme.</b>		24d. LOCATION (City, town, or county) (State) <b>Mercer Co. Mo</b>			
DATE REC'D BY LOCAL REG. <b>11-6-53</b>		REGISTRAR'S SIGNATURE <b>Paul W. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Martin Funeral Home</b>	
		ADDRESS <b>Princeton, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

10/24

**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

*John Martin*

Licensed Embalmer No. 3760

P. O. Address Princeton, Md.

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.