

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27189**
3541

FILED AUG 29 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 7 Years		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital				STREET ADDRESS (If rural, give location) 8100 Wornall Road 3936			
3. NAME OF DECEASED (Type or Print) KATE		a. (First)		b. (Middle) M.		c. (Last) TUTT	
4. DATE OF DEATH August 10, 1956		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 12, 1866		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Oskaloosa, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Norman Macomber		13b. MOTHER'S MAIDEN NAME Carolina Grise		14. NAME OF HUSBAND DECEASED Louis M. Tutt, Deceased			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna E. Tutt, 4320 Bellefontaine, K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 157 yrs	
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 Femoral Neck Fracture (fx)				4500F	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 5-29-56 , to 8-9-56 , that I last saw the deceased alive on 8-4-56 , 19 56 , and that death occurred at 12:45 a. , from the causes and on the date stated above.							
23a. SIGNATURE W.J. Stelmach (Degree or title) MD				23b. ADDRESS 2951 State Lane		23c. DATE SIGNED 8/11/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 8/13/56		24c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's, K.C. Mo.		24d. LOCATION (City, town, or county) (State) Oskaloosa, Kansas	
DATE REC'D BY LOCAL REG. 8-13-56		REGISTRAR'S SIGNATURE neva mindall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO., 3235 Gillham Plaza			

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.....
Signature of Student Embalmer

Signed

Elmo D. Lipscomb

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.