

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35660

STATE FILE NUMBER

FILED NOV 1 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4681

300  
1-57

Herbert Tutthill USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>French Institute Notre Dame De Sion</b>		d. STREET ADDRESS <b>3823 Locust</b>	
3. NAME OF DECEASED (Type or print) First <b>Marie</b> Middle <b>Florence</b> Last <b>Bascom</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>9</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 10, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St Louis Mo.</b>
13a. FATHER'S NAME <b>Wm. Sheldon Bascom</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT <b>Alex Bascom 1040 W. 53rd. Terr. K.C. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Arterial Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>one minute</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO <b>Arterial Hypertension &amp; aortic regurgitation with chronic infected tonsils &amp; arthritis</b>			<b>about 5 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			<b>many years</b>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1951</b> to <b>present time</b> and last saw her alive on <b>Oct-4-1957</b> Death occurred at <b>3:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Herbert Tutthill M.D.</b>		22b. ADDRESS <b>12-11 Realto Bldg</b>	
22c. DATE SIGNED <b>Oct-10-1957</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10/11/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
24. FUNERAL DIRECTOR <b>Stine &amp; McClure</b>		25. DATE RECD. BY LOCAL REG. <b>10-10-57</b>	
ADDRESS <b>K.C. Mo.</b>		26. REGISTRAR'S SIGNATURE <b>neva Trunshall</b>	



no 2 - 5832

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 O. Zippert.....

Licensed Embalmer No. 4P17.....

P. O. Address San Francisco, Cal......

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.