Health, Welfare Public Service

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1-57

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005177 155
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 57E

1. PLACE OF DEATH a. COUNTY GREENE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN SPRINGFIELD 0396 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) CITY HOSPITAL — Length of stay in 1b 10 YRS	d. STREET ADDRESS (If outside, give location) 317 BOONVILLE — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First ARCHIE	Middle H.	Last TUTTLE	4. DATE OF DEATH Month 2 Day 14 Year 58
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 14 JULY 1897
9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY LABORER	11. BIRTHPLACE (City and state or country) IOWA	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME OSCAR TUTTLE	13b. MOTHER'S MAIDEN NAME CLARA SLATER	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT HOSPITAL RECORDS Address	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) FEVER of unknown Etiology — INTERVAL BETWEEN ONSET AND DEATH Indeo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7888

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-22-58, to 2-14-58 and last saw him alive on 2-14-58

Death occurred at 12:15 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph N. Hills M.D.	22b. ADDRESS SPRINGFIELD MO	22c. DATE SIGNED 2-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-15-58	23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL
23d. LOCATION (City, town, or county) (State) SPRINGFIELD, Mo.		
24. FUNERAL DIRECTOR J.W. Klingner & Co. ADDRESS SPGFD. MO.	25. DATE RECD. BY LOCAL REG. 2-18-58	26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4071

P. O. Address .....

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.