

FILED MAR 21 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011027  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. H 5

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>LOUISIANA</u>		c. LENGTH OF STAY (in this place) <u>WEEK</u>	c. CITY OR TOWN <u>ELSBERRY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) <u>131 DAVID ST.</u>	

3. NAME OF DECEASED (Type or Print) <u>ROBEAT JACKSON TUGGLE</u>			4. DATE OF DEATH <u>MARCH 11, 1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 4, 1888</u>	9. AGE (in years last birthday) <u>69</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - RET.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CLINTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>WM JACKSON TUGGLE</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY ANN CAMPBELL</u>	14. NAME OF HUSBAND OR WIFE <u>LEATHA RIMEL TUGGLE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>500-28-7707</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HAZEL RAY - RFD - FOLEY, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia and Anuria</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6-8 weeks	

19a. DATE OF OPERATION --	19b. MAJOR FINDINGS OF OPERATION --	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 3/4/58, 1958, to 3/11/58, 1958, that I last saw the deceased alive on 3/10/58, 1958, and that death occurred at 5:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. H. Luellen M.D.</u> (Degree or title)	23b. ADDRESS <u>Louisiana, Missouri</u>	23c. DATE SIGNED <u>3/12/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 13, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELSBERRY, MO</u>
		24d. LOCATION (City, town, or county) (State) <u>ELSBERRY, MO</u>

DATE REC'D BY LOCAL REG. <u>March 13, 1958</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O'Garra Hicks - Elsberry, Mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADEING 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..... *C. G. Gault*

Licensed Embalmer No. *4017*

P. O. Address *E. L. Berry*

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.