

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007090

FILED VS FEB 29 1960 383

Registration District No. _____ Primary Registration District No. 5655 Registrar's No. 177

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Length of stay in 1b 29 days		c. CITY OR TOWN Maryland Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 30 Delord St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Herbert Middle Alden Last Tutterrow				4. DATE OF DEATH Month Feb. Day 23 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-27-23	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer -- Pipe Fitter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Perry Tutterrow			13b. MOTHER'S MAIDEN NAME Calumet Woodward		14. NAME OF HUSBAND OR WIFE Imogene Tutterrow		
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. 488-26-2337		17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculosis Far Advanced						INTERVAL BETWEEN ONSET AND DEATH approx. 15 yrs.	
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. _____	Month, Day, Year						
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 1-25-60 to 2-23-60 and last saw ^{her} him alive on 2-23-60 Death occurred at 9:33 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. Hellweg M.D. (Degree or title)				22b. ADDRESS Mt. Vernon, Missouri		22c. DATE SIGNED 2-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-23-60	23c. NAME OF CEMETERY OR CREMATORY Overland Cemetery		23d. LOCATION (City, town, or county) St. Louis		23e. (State) Mo.	
24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Monroeville, Mo.			25. DATE RECD. BY LOCAL REG. 2-24-60		26. REGISTRAR'S SIGNATURE W. L. Fossett		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by By Me Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address MWemo

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.