

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2358
Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township 1 Primary Registration District No. 2001
 (c) City Springfield, Mo. Street No. St. Johns Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Waynard Lutes

(a) Residence, No. 1402 Mc Daniel St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Carry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
✓ 47 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telegraph Operator
 9. Industry or business in which work was done, as saw mill, bank, etc. Frisco R.R.
 10. Date deceased last worked at this occupation (month and year) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marcelos Michigan

FATHER 13. NAME John Lutes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME (Musc) Walters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mabel Lutes
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cassopolis, Mich. DATE Feb. 7, 1939

19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED Feb 7 1939 Chas. Thompson
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1938, to Feb 6, 1939

I last saw him alive on Feb. 6, 1939. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion (Coronary thrombosis) Life Date of onset Jan 12

Other contributory causes of importance:

Arteriosclerosis Angina Pectoris 94W Dec 38

Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify:

(Signed) H.H. Lohmeyer M. D.
 (Address) 923 N. Main

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 19 1948

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.