

JUN 13 1940

88

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

5137/4054

Registrar's No.

161

1. PLACE OF DEATH

(a) County Butler
(b) City or town Neelyville
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 50 yrs
years, months or days

3. (a) PRINT FULL NAME Oscar David Lutes

3. (b) If veteran, name war L 3. (c) Social Security No. None

4. Sex male 6. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucian 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 24 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Hustons Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 1

11. Industry or business _____

12. Name Henry Lutes 1

13. Birthplace Unknown N.C.
(City, town, or county) (State or foreign country)

14. Maiden name Cross

15. Birthplace Unknown N.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Lutes

(b) Address Neelyville

17. (a) Burial (b) Date thereof 5-24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar bluff wood lawn

18. (a) Signature of funeral director Minnie Gish

(b) Address 529 N. Main

19. (a) 5/29/40 (b) Cl. Lutes
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Neelyville
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1940 hour 11 minute 5 A.M.

21. I hereby certify that I attended the deceased from May 22, 1940 to May 27, 1940
that I last saw him alive on May 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day
Due to Gen. arteriosclerosis years(?)
Hypertension

Due to _____
Other conditions Prostatitis 6 mo.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) Means of injury _____ (Specify type of place)

23. Signature J. P. [unclear] (M. D. or other) M.D.

Address Poplar bluff, Mo Date signed 5/28/40

WRITE PLAINLY—USE UNFADING 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed B. C. Mc Card

Licensed Embalmer No. 4079

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.