

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32596
Registrar's No. 990

Registration District No. 128

Primary Registration District No. 2000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Bruner, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leona Edna Luttrull

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife O. E. Luttrull 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov 21 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Christian County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business 7

12. Name J. T. Horton

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Barrett

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant O. E. Luttrull
(b) Address Bruner, Mo.

17. (a) Burial (b) Date thereof Nov 13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews Cemetery
18. (a) Signature of funeral director T. B. Cheffon
(b) Address Ozark Mo.

19. (a) 11-12-48 (b) J. W. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1948 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from Nov 7, 1948, to Nov 10, 1948.
that I last saw h. E. R. alive on Nov 10, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis, Post-Influenzal Duration 10 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 8 months of death) 100

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0 ✓

23. Signature Gene W. Farthing (M. D. or other) _____
Address Holland Bldg., Springfield Date signed Nov 12 '48

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark Mo.

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, fact should be so stated above.