

No. 300
10-48

FILED FEB 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1753
Registrar's No. 158

BIRTH NO. _____ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 5655 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (In this place) <u>874 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>			d. STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>E.</u> c. (Last) <u>Tutterow</u>			DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1949</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>Nov. 23, 1897</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw Milling</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lenoir City, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>William Tutterow</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Tutterow</u>	
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>498-03-4824</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. McMichael, Record Clerk Mt. Vernon, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>					
MEDICAL CERTIFICATION					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far Advanced Pulmonary Tuber culosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>abt 3 1/2 yrs</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0024</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>	
22. I hereby certify that I attended the deceased from <u>Sept 4, 1946</u> , to <u>Jan 25, 1949</u> , that I last saw the deceased alive on <u>Jan 25, 1949</u> , and that death occurred at <u>1:25 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>C. E. Brusker M.D.</u>			23b. ADDRESS <u>Mount Vernon, Missouri</u>		23c. DATE SIGNED <u>1-25-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Van Buren, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-26-49</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u> 411		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas S. Smith Van Buren, Mo.</u>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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RECEIVED
District Health Officer No. 6,
District File Number 149-109
Date Filed 1-31-49

JUL 22 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Chas. S. Pruitt

Licensed Embalmer No. 4574

P. O. Address Van Buren, 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.