

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19082

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SHANNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EMINENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EMINENCE 1070	
c. LENGTH OF STAY (in this place) 6 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) SARGEL	b. (Middle) BUCHANON		c. (Last) LUTON	MAY	9	1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 15 1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY ELECTRICAL REPAIRS		11. BIRTHPLACE (State or foreign country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME WILLIAM LUTON			13b. MOTHER'S MAIDEN NAME MARGARET GIKAHAN		14. NAME OF HUSBAND OR WIFE LILLIAN ELIZABETH LUTON			
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Billy Luton					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY CONGESTION, HEMORRHAGE		DUE TO (b) CARCINOMA - stomach primary site					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) (Camp report)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION FEB 21 1950		19b. MAJOR FINDINGS OF OPERATION METASTASIS - CARCINOMA.			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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 9, 1950, to May 9, 1950, that I last saw the deceased alive on May 9, 1950, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph J. Edwards, D.C.		(Degree or title)		23b. ADDRESS Eminence Mo.		23c. DATE SIGNED 5/10/50	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 5-11-50	24c. NAME OF CEMETERY OR CREMATORY Flat Woods		24d. LOCATION (City, town, or county) (State) Eminence, Mo.		
DATE REC'D BY LOCAL REG. 5-20-50		REGISTRAR'S SIGNATURE J. J. Edwards		FUNERAL DIRECTOR'S SIGNATURE Joe P. Newman		ADDRESS Mt View Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-22-50
District Health Officer No. 5,
District File Number 550 309
Date Filed 5-25-50

JAN 22 1958

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Joe L. Lumsden
.....

Licensed Embalmer No. 4325

P. O. Address Antioch, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.