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Harry Selady

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

REC'D DEC 3 1951

# STANDARD CERTIFICATE OF DEATH

State File No. **36978**  
Registrar's No. **1014**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2321 N. Travis</b>		d. STREET ADDRESS (If rural, give location) <b>2321 N. Travis</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>PAULINE</b>	b. (Middle) <b>ALICE</b>	c. (Last) <b>LUTTRELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 24, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 23, 1906</b>	9. AGE (In years last birthday) <b>45</b>	10 UNDER 1 YEAR Months	10 UNDER 1 HR. Hours	10 UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>	11. BIRTHPLACE (State or foreign country) <b>Willow Springs, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frank Lovan</b>	13b. MOTHER'S MAIDEN NAME <b>Flora Edwards</b>	14. NAME OF HUSBAND OR WIFE <b>John C. Luttrell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state part or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>500-01-6450</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John C. Luttrell Springfield, Mo</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma breast, left</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>170 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Springfield Greene Mo.</b>
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 **Nov 23, 1951**, to **Nov 24, 1951**, that I last saw the deceased alive on **Nov 8, 1951**, and that death occurred at **4:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. Selady M.D.</b>	(Degree or title)	23b. ADDRESS <b>609 Cherry St.</b>	23c. DATE SIGNED <b>Nov 26 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-27-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-28-51</b>	REGISTRAR'S SIGNATURE <b>Earl Williamson Deputy Registrar</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Klingner &amp; Co. Spfld, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1961

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Max Rhodes*

Licensed Embalmer No. 4071

P. O. Address *Springfield*

**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.