

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED MAR 16 1954** REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4061** Registrar's No. **9**

0130

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

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer	
c. LENGTH OF STAY (In this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) city limits	
d. FULL NAME OF HOSPITAL OR INSTITUTION city limits			

3. NAME OF DECEASED (Type or Print) a. (First) ADA b. (Middle) ORAL c. (Last) LUTRELL			4. DATE OF DEATH (Month) (Day) (Year) 2/21/1954		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 10/5/1877		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.			
10b. KIND OF BUSINESS OR INDUSTRY retired		13a. FATHER'S NAME Charles Richmond			
13b. MOTHER'S MAIDEN NAME Melissia Richmond		14. NAME OF HUSBAND OR WIFE James A. Lutrell			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Helen Hook, Kansas City, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Arteriosclerosis		DUE TO (c) Generalized Arteriosclerosis		DUE TO (d) Chronic Myocarditis (arteriosclerotic)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						DUE TO (e) many years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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. 1948**, to **Feb. 21, 1954**, that I last saw the deceased alive on **Feb. 21, 1954**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. E. Greubler, M.D.** (Degree or title) 23b. ADDRESS **Braymer, Mo.** 23c. DATE SIGNED **2/23/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2/24/1954** 24c. NAME OF CEMETERY OR CREMATORY **Evergreen cemetery** 24d. LOCATION (City, town, or county) (State) **Braymer, Mo.**

DATE REC'D BY LOCAL REG. **5-12-1954** REGISTRAR'S SIGNATURE **Dr. Paul E. Engert** 499-0 25. FEDERAL DIRECTOR'S SIGNATURE **Gen. Michael, Braymer, Mo.** ADDRESS

130P 1

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

Geneb. Michael

Licensed Embalmer No.

4340

P. O. Address

Braymer, 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.