

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8438

BIRTH DATE MAR 26 1954 REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>47 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAURA</u>	b. (Middle) <u>LUTTRELL</u>	c. (Last) <u>OTTINGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH (last birthday) <u>Nov 17, 1866</u>	9. AGE (In years) (Months) (Days) (Hours) (Mts.) <u>87 3 26</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greenville Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jessie Luttrell</u>	13b. MOTHER'S MAIDEN NAME <u>Sara Nease</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Horace Ottinger</u>	ADDRESS <u>Willows, Springs</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u> <u>CHRONIC</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGE CEREBRAL</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DECOMPENSATION MYOCARDIAL</u> 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	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/29, 1953 to 3/13, 1954, that I last saw the deceased alive on 3/13, 1954, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.B. Terhine, M.D.</u>	23b. ADDRESS <u>Willow Springs, Mo.</u>	23c. DATE SIGNED <u>3/13</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/17/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nease Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howell County Missouri</u>
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DATE REC'D BY LOCAL REG <u>3/20/54</u>	REGISTRAR'S SIGNATURE <u>Marshall Ballard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns</u>	ADDRESS <u>Willow Springs, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2460

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 J. C. Burns 

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.