No. 300
10-48

130
4

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1955

State File No. 29134

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 37

**1. PLACE OF DEATH**
a. COUNTY: CALDWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRAYMER
c. LENGTH OF STAY (In this place): 3 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TUNISSON NURSING HOME

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALDWEL
c. CITY OR TOWN: BRAYMER
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0150 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): JAMES
b. (Middle): ARTHUR
c. (Last): LUTRELL

**4. DATE OF DEATH** (Month) (Day) (Year): 8/28/1955

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: 12/17/1871
**9. AGE** (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): LABORER
**10b. KIND OF BUSINESS OR INDUSTRY**: GENERAL
**11. BIRTHPLACE** (City and State or Foreign Country): NEW WINDSOR, ILL.
**12. CITIZEN OF WHAT COUNTRY?**: U.S

**13a. FATHER'S NAME**: WILL LUTRELL
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: ADA LUTRELL

**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: HELEN HOOK, KANSAS CITY, MO.

**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, asthenia, 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: many years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis — many years
DUE TO (c) Generalized Arteriosclerosis — many years

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 332x

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: —

22. *I hereby certify that I attended the deceased from* Nov. 1948, *to* Aug. 28, 1955, *that I last saw the deceased alive on* Aug. 27, 1955, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): D. E. Goldberg M.D.
**23b. ADDRESS**: Braymer, Mo.
**23c. DATE SIGNED**: 8/29/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 9/1/1955
**24c. NAME OF CEMETERY OR CREMATORY**: EVERGREEN CEMETERY
**24d. LOCATION** (City, town, or county) (State): BRAYMER, MO.

**DATE REC'D BY LOCAL REG.**: 10-3-55
**REGISTRAR'S SIGNATURE**: Mrs. Ruth Anne Gwyzart 499-1
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Lene C. Michael, Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by ....., Student Embalmer No.....~~

~~working under my personal supervision.~~

~~Student.....~~
~~Signature of Student Embalmer~~

Signed ...Gene B. Michael.....

Licensed Embalmer No. 434

P. O. Address Braymer,

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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