No. 300
10-48

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6044

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Randolph
c. LENGTH OF STAY (in this place): 26 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hgw. 32

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN: Flat River
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Randolph Twp. Hgw. 32 0940

3. NAME OF DECEASED (Type or Print)
a. (First): Jonah
b. (Middle): Lafayette
c. (Last): Lutes

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/28/1884
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 10 Days 25 — IF UNDER 24 HRS.: Hours 20 Min. hr.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist
10b. KIND OF BUSINESS OR INDUSTRY: Floral
11. BIRTHPLACE (City and State or Foreign Country): Lutesville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David Lutes
13b. MOTHER'S MAIDEN NAME: Susan Sitzes
14. NAME OF ~~HUSBAND OR~~ WIFE: Vance Willett Lutes

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.: 486-38-0093
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Vance Lutes, Flat River, 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) Pulmonary edema & anasarca — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic heart disease
DUE TO (c) Decompensation R & L bundle branch block

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr interstitial nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
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* May, 1955, *to* Feb 22, 1956, *that I last saw the deceased alive on* 2-22, 1956, *and that death occurred at* 8:31 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H C Gaebe MD
23b. ADDRESS: Desloge Mo
23c. DATE SIGNED: 2-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/1956
24c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
24d. LOCATION (City, town, or county) (State): Farmington, Missouri

DATE REC'D BY LOCAL REG.: Feb. 24, 1956
REGISTRAR'S SIGNATURE: Esther Rudloff 2-29-56
25. FUNERAL DIRECTOR'S SIGNATURE: C.Z.Boyer & Son
ADDRESS: Desloge, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 23 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 366

P. O. Address Desloge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.