

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9811

STATE FILE NUMBER

FILED APR 2 - 1957

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp.		c. CITY OR TOWN Cape Girardeau 0951 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4		d. STREET ADDRESS 213 So. Middle (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb 2mos, 26days			

3. NAME OF DECEASED (Type or print) FREEMAN D. LUTES			4. DATE OF DEATH Mar. 24, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 13, 1905		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 3 Days 11	IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant foreman for telephone company.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Marble Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME E. G. Lutes			14. MOTHER'S MAIDEN NAME Lillie Cheek				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.		16. SOCIAL SECURITY NO. 490-05-4226		17. INFORMANT Records, State Hospital #4, Farmington, Mo.			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 51 das.
DUE TO (b) Cerebral Arteriosclerosis		Unknown.
DUE TO (c) _____		332X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic brain syndrome with cerebral embolism with psychosis.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION State Hospital No. 4, Farmington, Mo.		
21. I attended the deceased from 12-28-56 to 3-24-57 and last saw her alive on 3-24-57 Death occurred at 10:50 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>John A. Brennan M.D.</i>		22b. ADDRESS State Hospital No. 4, Farmington, Mo.		22c. DATE SIGNED 3-25-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 28, 1957		23c. NAME OF CEMETERY OR CREMATORY Baker Cemetery		
23d. LOCATION (City, town, or county) Lutesville, Missouri		(State)				
24. FUNERAL DIRECTOR Walther's Funeral Home, Cape Girardeau, Mo.			25. DATE RECD. BY LOCAL REG. March 25, 1957		26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

S. 300
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securing the medical certification in the specific manner required by Part 140, Missouri Statutes.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 _____
Signature of Student Embalmer

Signed *Virgil H. Welch*
Licensed Embalmer No. *410*

P. O. Address *Cape Girardeau*

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

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