

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039414
STATE FILE NUMBER

FILED DEC 3 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 186

300
1-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kennett
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Mem		Length of stay in lb 7wks	d. STREET ADDRESS (If outside, give location) 103 E. 5th
3. NAME OF DECEASED (Type or print) Carrie Loueas Luttrull			4. DATE OF DEATH Month Nov. Day 22 Year 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-18-1890
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68
11. BIRTHPLACE (City and state or country) Petersburg, Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Marion Bristol		13b. MOTHER'S MAIDEN NAME Nan y Unknown	14. NAME OF HUSBAND OR WIFE Merl Luttrull
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Oza Ann Carey Address St Louis, 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) Coronary Heart Disease - myocardial failure - intractable DUE TO (b) uncontrolled Diabetes Mellitus - severe DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 260X
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 <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 COUNTY STATE	
21. I attended the deceased from Death occurred at 7 P.M. Oct 15-1958 to Nov. 22-1958 and last saw her alive on 11-22-58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl H. Hunsberr (Degree or title)		22b. ADDRESS 217 College Kennett Mo	22c. DATE SIGNED 11/26/58
23a. BURIAL, CREMATION, or other disposal (Specify) Burial		23b. DATE 11-25-58	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge
23d. LOCATION (City, town, or county) Kennett, Mo.		23e. (State)	
24. FUNERAL DIRECTOR McDaniel Kennett, Mo		25. DATE RECD. BY LOCAL REG. 11-26-1958	26. REGISTRAR'S SIGNATURE Carl H. Hunsberr

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. Benson

MEDICAL CERTIFICATION

DEC 4 1958

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 *Hubert B. Baird*

Licensed Embalmer No. *4848*
P. O. Address *Ferris, M*

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.