

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039453

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 15-116 Primary Registration District No. 3020 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>MIAMI Oka</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Francis Hosp.</b>			Length of stay in lb <b>7 wks.</b>		d. STREET ADDRESS (If outside, give location) <b>206 I St N.W.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Benjamin</b> Middle <b>Ace</b> Last <b>Luttrell</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>20</b> Year <b>1958</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 20, 1896</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Garage Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retire</b>		11. BIRTHPLACE (City and state or country) <b>Miller County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Blwford Luttrell</b>				14. MOTHER'S MAIDEN NAME <b>Senia Saelton</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W. W. I</b>			16. SOCIAL SECURITY NO. <b>487-05-3865</b>		17. INFORMANT Address <b>Mrs. Wm Rister St. Clair, Mo.</b>			
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARIMISELMORIE @ 21 DRAIN</b> DUE TO (c) <b>PAROUS APOACHY (SAURAH)</b>  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>MALIGNANT HYPERTENSION -</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 HR</b>	
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.) <b>441X</b>					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ 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 COUNTY _____ STATE _____				
21. I attended the deceased from <b>Aug 58</b> to <b>Death</b> and last saw her alive on <b>11-18-58</b> Death occurred at <b>6:28</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>John J. Peck, MD</b> (Degree or title)				22b. ADDRESS <b>St Clair, Mo</b>		22c. DATE SIGNED <b>11-20-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Nov. 21 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hiram Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Creve Coeur, Mo.</b>		
24. FUNERAL DIRECTOR <b>Sherrwood W. Mitchell St. Clair, Mo.</b> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <b>11/22/58</b>		26. REGISTRAR'S SIGNATURE <b>J.P. Hudson</b>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 -56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Carer cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

DEC 2 1956

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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 e  
by me, or by .....; Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Sherrard W. Kifer*

Licensed Embalmer No. *3*

P. O. Address *St. Clair*

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