

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005102

FILED VS MAR 7 1961

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 32 A

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Raymondville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>W.</u> Last <u>Lutes</u>		4. DATE OF DEATH Month <u>January</u> Day <u>9</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/11/87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Roscoe Missouri</u>	9. AGE (last birthday) <u>73</u>
11. BIRTHPLACE (City and state or country) <u>Roscoe Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Dolphes Lutes</u>		13b. MOTHER'S MAIDEN NAME <u>Lucreta Boydston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT Address <u>Lily Frances, Osceola Missouri</u>	
16. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE <u>Ada Lutes</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Motor scooter accident</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour <u>3:00</u> Month <u>Jan</u> Day <u>9</u> Year <u>1961</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>3 1/2 mi E. Junction Highway T</u>	
21. I attended the deceased from <u>1-9-61</u> and last saw him alive on <u>8/2/61</u>		20f. CITY, TOWN, OR LOCATION <u>Raymondville - Texas - Mo</u>	
22a. SIGNATURE <u>James E. Johnson, M.D.</u>		22b. ADDRESS <u>307 Prof. Bldg, Springfield, Mo</u>	
22c. DATE SIGNED <u>3-2-61</u>		22d. LOCATION (City, town, or county) (State) <u>Roscoe Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1/10/61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Roscoe</u>		23d. LOCATION (City, town, or county) (State) <u>Roscoe Mo.</u>	
24. FUNERAL DIRECTOR <u>Evans-Craig F-Home</u>		25. DATE RECD. BY LOCAL REG. <u>Mo 3-6-1961</u>	
ADDRESS <u>Mountain Grove</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Drexler</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 2 1961

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 *Sewell C. Craig*

Licensed Embalmer No. 4766

P. O. Address *Mt. Grove, Pa.*

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.