

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031831

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 315 Primary Registration District No. 5783 Registrar's No. 10

FILED AUG 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0600
2 0660
3
4 0
5 0
6
7 0
8 2
9 9298
10 42
11 066
12 91-2
13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GLAIZE TWP</u>		Length of stay in 1b <u>LIFE</u>		c. CITY OR TOWN <u>BRUMLEY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROYAL ROUTE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>ROYAL ROUTE 1</u>	
3. NAME OF DECEASED (Type or print) First <u>RONNIE EARL</u> Middle <u>LUTTRELL</u> Last <u>LUTTRELL</u>			4. DATE OF DEATH <u>August 19, 1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 24, 1917</u>	9. AGE (last birthday) <u>44</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FISH HATCHERY</u>		11. BIRTHPLACE (City and state or country) <u>BRUMLEY Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>HAMEN LUTTRELL</u>		13b. MOTHER'S MAIDEN NAME <u>ZILPHIA REINHARDT</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Zilphia LUTTRELL</u>		Address <u>BRUMLEY MO</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>ANOXIA</u>		DUE TO (b) <u>SUFFOCATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>DROWNING</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SWIMMING</u>			
20c. TIME OF INJURY Hour <u>2:00</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <u>8-19-62</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>GLAIZE ARM OF LAKE OF OZARKS</u>	
20f. CITY, TOWN, OR LOCATION		COUNTY <u>MILLER</u>		STATE <u>MO.</u>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at: <u>2:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>D. S. Humphreys, D.O. Coroner</u>		22b. ADDRESS <u>Tusculum, Mo.</u>		22c. DATE SIGNED <u>8-21-62</u>	
23a. BURIAL, CREMATION OR REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG. 21, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. UNION CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>BRUMLEY, MO. Rural/Rt. 1</u>		24. FUNERAL DIRECTOR ADDRESS <u>Walter Hedges Cantonment, Mo. August 21-62</u>		25. DATE RECD. BY LOCAL REG. <u>August 21-62</u>	
26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>					

USE BLACK INK OR TYPEWRITER RIBBON

AUG 27 1962

SEP 19 1962

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 Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Clarendon, Ma

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.