

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13761

State File No.

FILED APR 18 1953

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 49

352
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KENNETT</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KENNETT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1210 Starnes St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u>		b. (Middle) <u>LOGAN</u>		c. (Last) <u>LUTES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Feb. 13 1948</u>		9. AGE (In years last birthday) <u>5</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Mtn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kennett, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Evertt T Lutes</u>		13b. MOTHER'S MAIDEN NAME <u>Argie Counts</u>		14. NAME OF HUSBAND OR WIFE <u>6666</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>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Argie C. Lutes, 1210 Starnes St.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopeumonia</u>				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-31-53, 19 , to 4-10-53, 19 , that I last saw the deceased alive on 4-10-53, 19 , and that death occurred at 10:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Quinton Tarver, M.D.</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>4/11/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/12/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-13-1953</u>		REGISTRAR'S SIGNATURE <u>Carl H. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul ...</u>		ADDRESS <u>Kennett, Mo.</u>	
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-16-53

COUNTY FILE NUMBER 453-10

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Phalman

Signed.....
Student Embalmer

Licensed Embalmer No. 2556

P. O. Address. Kenett, Mo

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