

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028585

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 332

STATE FILE NUMBER

FILED AUG 21 1961

1. PLACE OF DEATH

a. COUNTY

CAPE GIRARDEAU

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CAPE Gir.

Length of stay in 1b

3 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

MAPLE Crest Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

BOLLINGER

c. CITY

SCORUS

MO

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

RURAL Route

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Susie

Middle

N.

Last

Lutes

4. DATE OF DEATH

Month

AUG

Day

2

Year

1961

5. SEX

F M

6. COLOR OR RACE

W

7. Married

Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

Jan 6 1891

9. AGE (last birthday)

70

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

BOLLINGER Co

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Peter E. BAKER

13b. MOTHER'S MAIDEN NAME

EMMA WALKER

14. NAME OF HUSBAND OR WIFE

E. G. Lutes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

NO

17. INFORMANT

Floyd Lutes - Marble Hill Mo

Address

INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Arteriosclerotic Heart Disease
Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

One year

5 years

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1956 to 8-2-61 and last saw her alive on 8-2-61
Death occurred at 12:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURYAL

AUG 4, 1961

BOLLINGER Co. Mo

LOUISVILLE MO

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Gene Ward, Louisville Mo

8-16-61

Gene Kasten

(Licensed Embalmer's Statement on Reverse Side)

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

Kenneth Riley

Licensed Embalmer No. 5086

P. O. Address Luterville

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.