

S. No. 300  
v. 10.46

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34431

State File No. ....

FILED OCT 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 5-8 PRIMARY REG. DIST. NO. 5-212 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY OR TOWN <u>Van Buren (rural)</u>		c. CITY OR TOWN <u>Van Buren (rural)</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0189</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on Electric power line</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joy</u> b. (Middle) <u>Allen</u> c. (Last) <u>Futterrow</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 1952</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>April 16 1930</u>		9. AGE (In years last birthday) <u>22</u>		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bunker Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13. FATHER'S NAME <u>Luther Futterrow</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Estes</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>Corean</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Futterrow</u>	
				ADDRESS <u>Van Buren</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned by Electricity</u>						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		DUE TO (b)				
		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<u>E9149</u> <u>3</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Electric Power line</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo Carter Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct-21-52 3:12 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>by contacting power line</u>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Seaton Pewitt</u> (Degree or title)		23b. ADDRESS <u>Van Buren Mo</u>		23c. DATE SIGNED <u>10-22-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren</u>	
				24d. LOCATION (City, town, or county) (State) <u>Van Buren Mo</u>	

DATE REC'D BY LOCAL REG. <u>Oct 27-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Oeta Benson</u> 50-6		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Pewitt</u> ADDRESS <u>Van Buren Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

NOV 25 1952  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 25 1952

2500 S W. 10th

MAY 7 1952

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 .....  
Student Embalmer

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.