

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAY 13 1960

-60-016824
 STATE FILE NUMBER

2 4449
 REGISTRAR'S NO.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Mo.</i>		a. STATE <i>Mo.</i>	b. COUNTY
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Wm Homer Phillips</i>		c. CITY OR TOWN <i>St. Louis</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <i>3836 Finney</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>SAMUEL</i> Middle <i>JUTRELL</i> Last <i>JUTRELL</i>			4. DATE OF DEATH Month <i>4</i> - Day <i>28</i> - Year <i>1960</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-14-1897</i>	9. AGE (last birthday) <i>63</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labor</i>		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) <i>Jackson Tenn.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S.</i>
13a. FATHER'S NAME <i>Mack Futrell</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Rose Louise Futrell</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes World War one</i>		16. SOCIAL SECURITY NO. <i>489-18-2556</i>	17. INFORMANT <i>Rose Futrell</i> Address <i>3836 Finney</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Carcinoma of Lung</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) <i>163x</i>	
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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____, to _____, and last saw her/him alive on _____.
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Joseph M. Zeeb</i> (Degree or title)	22b. ADDRESS <i>1300 e. Oak</i>	22c. DATE SIGNED <i>4-26-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4-28-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>
23d. LOCATION (City, town, or county) <i>Jefferson Barrack Mo.</i>	24. FUNERAL DIRECTOR <i>Jackson Funeral Home 2649 Delmar</i>	25. DATE RECD. BY LOCAL REG. <i>APR 26 1960</i>
26. REGISTRAR'S SIGNATURE <i>Edna Smith M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leroy W. Dennis

Licensed Embalmer No. 452

P. O. Address 4251 No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.