...OF COMMERCE
...U OF THE CENSUS

FILED JUL 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24292

Registration District No. 47 — Primary Registration District No. 3008 — Registrar's No. 201

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14 1 2

1. PLACE OF DEATH:

(a) County: Callaway

(b) City or town: Fulton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Callaway Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Callaway

(c) City or town: Fulton (If outside city or town limits, write "RURAL") 14 1 2

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: DIANNE CAROL LUTZ

3. (b) If veteran, name war: no

3. (c) Social Security No.: No

4. Sex: FEMALE

5. Color or race: White

6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife: .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: JUNE (Month) 11 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day: 8 hr. 7 min.

9. Birthplace: FULTON (City, town, or county) MO (State or foreign country)

10. Usual occupation: Baby

11. Industry or business: .....

FATHER
12. Name: John D. Lutz
13. Birthplace: Cambridge (City, town, or county) Mass (State or foreign country)

MOTHER
14. Maiden name: Marjorie Ayer Lutz
15. Birthplace: Clairemont (City, town, or county) N.H. (State or foreign country)

16. (a) Informant: John D. Lutz

(b) Address: Fulton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: JUNE 12, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Hill Crest

18. (a) Signature of funeral director: Glen Y. Maupin

(b) Address: 712 Court St. Fulton, Mo.

19. (a) 6-12-1944 (Date received local registrar) (b) Josie Moore (Registrar's signature)

11147.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1944 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 11, 1944, to June 11, 1944, that I last saw her alive on June 11, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary atelectasis (Newborn)	8 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

161a

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: Henry Durst (M. D. or other) M.D.

Address: Fulton, Mo. Date signed: 6/12/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number .....

Date Filed 7-19-44

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 .....

....., Registered Apprentice No. .....,

working under my ~~personal supervision~~.

Signed Glen G. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.