

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1950

State File No. 19990

BIRTH NO. _____		REG. DIST. NO. <u>137</u>	PRIMARY REG. DIST. NO. <u>3023</u>	Registrar's No. <u>11</u>
1. PLACE OF DEATH a. COUNTY <u>HENRY CO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>COLE CAMP</u> 0080		
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>ROUTE #2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL</u>				
3. NAME OF DECEASED (Type or Print) <u>MAGGIE</u>		a. (First) _____	b. (Middle) _____	c. (Last) <u>LUTJEN</u>
4. DATE OF DEATH <u>JUNE 13-1950</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>January 13, 1879</u>	9. AGE (In years last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>				
13a. FATHER'S NAME <u>Dietrich Lutjen</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bergman</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sena Hink</u> ADDRESS <u>Cole Camp Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic labor pneumonia</u> ANCECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>---</u>		INTERVAL BETWEEN ONSET AND DEATH <u>221X</u>
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 <input type="checkbox"/> 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 <u>6-8</u> , 19 <u>50</u> , to <u>6-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-13</u> , 19 <u>50</u> , and that death occurred at <u>8:00P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Gus S. Wetzl M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>6-14-1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 17th 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hulda</u>
24d. LOCATION (City, town, or county) (State) <u>7 miles South Cole Camp Mo</u>				
DATE REC'D BY LOCAL REG. <u>June 15-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. T. Eichhoff</u> ADDRESS <u>Cole Camp Mo</u>

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

0470

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-19-50
District Health Officer No. 7,
District File Number 5-50-660
Date Filed 6-19-50

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 E. L. Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.