

FILED NOV 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 36428

210
1.

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

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5249 Registrar's No. 103

1. PLACE OF DEATH
 a. COUNTY Charlton
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Bowling Green
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Charlton
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bowling Green
 d. STREET ADDRESS (If rural, give location) 0210

3. NAME OF DECEASED
 a. (First) Paul b. (Middle) Henry c. (Last) Lutz

4. DATE OF DEATH (Month) (Day) (Year)
Nov 9 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 20, 1889

9. AGE (In years last birthday) 61 # UNDER 1 YEAR Months Days # UNDER 10 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Holton Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John J. Lutz

13b. MOTHER'S MAIDEN NAME Eliza Hinnen

14. NAME OF HUSBAND OR WIFE Elvina Kothe Lutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Elvina Lutz Dalton Mo

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c).
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 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.

INTERVAL BETWEEN ONSET AND DEATH
12 1/2 hrs
4-201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11:45 AM 1950 to _____, 19____, that I last saw the deceased alive on Nov 2, 1950, and that death occurred at 5:45 PM, from the causes and on the date stated above.

23a. SIGNATURE Carl C. Nease (Degree or title) (M.D.)

23b. ADDRESS Raytown Mo.

23c. DATE SIGNED 11/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov 5, 1950

24c. NAME OF CEMETERY OR CREMATORY Dalton Cemetery

24d. LOCATION (City, town, or county) (State) Dalton Missouri

DATE REC'D BY LOCAL REG. 11-4-1950

REGISTRAR'S SIGNATURE Mildred Bone

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Meyer Funeral Home Brunswick Mo.

Date Received: NOV 29 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-20
Date Filed: NOV 29 1950

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 L. L. Leopold

Licensed Embalmer No. 3970

P. O. Address Meriden, Ct.

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.