

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17467

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville - rural 0740	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 7 miles southeast	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) JOHN c. (Last) LUTGEN			4. DATE OF DEATH (Month) (Day) (Year) 5 6 51			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/12/81	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (State or foreign country) Luxemborg, Germany 4		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Lutgen		13b. MOTHER'S MAIDEN NAME Margaret Goeders		14. NAME OF HUSBAND OR WIFE Lydia Donaldson Lutgen, dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Agnes Lutgen, St. Joseph, Mo.	

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) <i>Arteriosclerosis &amp; atherosclerosis</i>		II. OTHER SIGNIFICANT CONDITIONS <i>hypertrophy of prostate</i>		<i>4 yrs</i>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <i>myocardial degeneration</i> not known	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>arteriosclerosis</i>		not known	

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) (m.)		21e. INJURY OCCURRED WHILE AT 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 *May 19 47* to *May 6*, 19 *51*, that I last saw the deceased alive on *May 6*, 19 *51*, and that death occurred at *11:50 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. A. Bloomer</i> (Degree or title) M. D.		23b. ADDRESS <i>Maryville, Missouri</i>		23c. DATE SIGNED <i>5-9-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>5/9/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Columba</i>	
24d. LOCATION (City, town, or county) (State) <i>Conception, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Price Funeral Home, Maryville, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>5-18-51</i>		REGISTRAR'S SIGNATURE <i>Bess Bell 229</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

747  
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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.....

*Robert L. Senter*

Licensed Embalmer No. *4782*

P. O. Address.....

*Maryville, 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.