

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **675**

FILED JAN 23 1953

BIRTH NO.		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 3012		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs, Mo		d. STREET ADDRESS (If rural, give location) Avalon Apartments	
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) W c. (Last) LAUTERBACH			4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1953				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept. 22, 1863		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired engineer		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Lauterbach		13b. MOTHER'S MAIDEN NAME Elizabeth Knauer		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Lauterbach Avalon Apts. Ex Springs, 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) Serious Cardiac Degeneration ANTECEDENT CAUSES DUE TO (b) Myocardial Exhaustion DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH 4343
19a. DATE OF OPERATION 10-21-52		19b. MAJOR FINDINGS OF OPERATION Stenosed and Enlarged Heart				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 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 8-24 , 19 52 , to 1-11 , 19 53 that I last saw the deceased alive on 1-11 , 19 53 , and that death occurred at 10:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or Title) E. Baird M.D.			23b. ADDRESS Excelsior Springs, Mo			23c. DATE SIGNED 1-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-13-53	24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Mendota, Illinois		
DATE REC'D BY LOCAL REG. 1-15-53		REGISTRAR'S SIGNATURE Karoline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE Claud Richard		ADDRESS Excelsior Springs, Mo.	

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

60-52
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JUN 16 1954

JUN 4 1954

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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs 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.