No. 300
10.48

FILED JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22494

State File No.

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5966 Registrar's No. 42

830

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville (Waldron)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RR. 1. 8 mi. NW

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RR. 1 - Parkville. Waldron
d. STREET ADDRESS (If rural, give location): 8 mi. N.W. Parkville

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): (None)
c. (Last): Lutte

4. DATE OF DEATH (Month) (Day) (Year): June 17 - 1953

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 20 1866
9. AGE (In years last birthday): 86 — If under 1 year: Months 9, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Retired Farmer.
10b. KIND OF BUSINESS OR INDUSTRY: Grain -
11. BIRTHPLACE (City and State or Foreign Country): Bunta Hanover Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Frederick Lutte
13b. MOTHER'S MAIDEN NAME: dont Know.
14. NAME OF HUSBAND OR WIFE: Anna Lutte deceased 1949.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: F. J. Nieman RR. 1 Parkville Mo ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Adenocarcinoma of ascending colon met~~ Coronary occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: *Conditions contributing to the death but not related to the disease or condition causing death.* adenocarcinoma of prostate

INTERVAL BETWEEN ONSET AND DEATH: instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201 H
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) m.
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* Dec 29, 1950, *to* June 17, 1953, *that I last saw the deceased alive on* June 1, 1953, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean M. Meier M.D.
23b. ADDRESS: Platte City Mo
23c. DATE SIGNED: Jun 20 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21-53
24c. NAME OF CEMETERY OR CREMATORY: Platte City
24d. LOCATION (City, town, or county) (State): Platte City Mo

DATE REC'D BY LOCAL REG.: June 21-53
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE: Leland H Francis
ADDRESS: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 1954

AUG 25 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 Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.