

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

44045

State File No.

No. 300
10-48

FILED JAN 4 - 1954

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 450

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> OR TOWN <u>Rural St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>	
c. LENGTH OF STAY (In this place) <u>13Y; 1M; 10</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>LUTOMSKI</u> c. (Last) <u>LUTOMSKI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 15, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>August 31, 1897</u>		9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>3</u> 11. DAYS <u>15</u> 12. HOURS <u>15</u> 13. MINUTES <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Lutomski</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Nowak</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>two das.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease</u>				DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Psychosis with mental deficiency.</u>				DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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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 January 8, 1951, to Dec. 15, 1953, that I last saw the deceased alive on Dec. 15, 1953, and that death occurred at 5:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>John P. Brennan M.D.</i>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>12-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 19, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heiburg-Vitt Funeral Home, Washington, Mo.</u> ADDRESS			
DATE REC'D BY LOCAL REG. <u>Dec. 16, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>			

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 Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Lawrence, Mass.

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.