

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7691**

FILED APR 7 1954

BIRTH NO.		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3005		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Butler		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 W. Ohio				e. STREET ADDRESS (If rural, give location) 410 W. Ohio			
3. NAME OF DECEASED (Type or Print) Lydia		a. (First)		b. (Middle)		c. (Last) Lotspeich	
4. DATE OF DEATH April 2 1954		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 25, 1879		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) LaCygne, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John K. Hulse		13b. MOTHER'S MAIDEN NAME Elizabeth Adams		14. NAME OF HUSBAND OR WIFE Robert V. Lotspeich			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. W. Cannon Butler, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE UNDET. DUE TO (c) GENERALIZED ARTERIOSCLEROSIS UNDET. 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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 MAR 26, 1951 , to APRIL 2, 1954 , that I last saw the deceased alive on MAR. 31, 1954 , and that death occurred at Loop m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John M. Cooper M.D.				23b. ADDRESS BUTLER, MO		23c. DATE SIGNED 4-3-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		24d. LOCATION (City, town, or county) (State) Butler Mo.	
DATE REC'D BY LOCAL REG. APR 4 54		REGISTRAR'S SIGNATURE Randall Kurray		25. FUNERAL DIRECTOR'S SIGNATURE Cubow-Underwood		ADDRESS Butler, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1954

JUL 30 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.....
Signature of Student Embalmer

Signed *Robert E. Sturibach*.....

Licensed Embalmer No. *46*.....

P. O. Address *Butte*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.