

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14610**

FILED MAY 23 1955

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 4038		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give town) Warsaw		c. LENGTH OF STAY (In this place) 1 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Cole Camp		2080	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Rest Home				d. STREET ADDRESS (If rural, give location) ---			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) H.		c. (Last) Lutjen		4. DATE OF DEATH (Month) (Day) (Year) May 13th 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 3rd 1882	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 0 Days 10		IF UNDER 2 HRS. Hours --- Min. ---			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Gilbert Lutjen		13b. MOTHER'S MAIDEN NAME Mary Kreonke		14. NAME OF HUSBAND OR WIFE Martha Lutjen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Martha Lutjen Cole Camp 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary paralysis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral apoplexy DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 min 10 min	
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 9/4 19 54 , to 9/20 , 19 54 that I last saw the deceased alive on 10/6 , 19 54 , and that death occurred at 9:50 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold W. Winkler, M.D.		23b. ADDRESS Cole Camp Mo				23c. DATE SIGNED 5/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BUR 181		24b. DATE May 16, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt Hulda Cemetery		24d. LOCATION (City, town, or county) (State) Benton County Mo	
DATE REC'D BY LOCAL REG. May 16 1955		REGISTRAR'S SIGNATURE Jas. A. Logan		25. FUNERAL DIRECTOR'S SIGNATURE E. L. Eickhoff		ADDRESS Cole Camp Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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 E. H. Eickhoff.....

Licensed Embalmer No. 730.....

P. O. Address P.O. Box I Cole Camp 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.