

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38574

STATE FILE NUMBER

 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lebanon</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hosp.</u>		Length of stay in-1b: <u>6 days</u>	d. STREET ADDRESS <u>Rt 1.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Malcolm</u> Last <u>Luthey</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>23</u> Year <u>1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 8, 1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Month <u>9</u> Days <u>15</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Lebanon Mo. U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Lewis J. Luthey</u>		14. MOTHER'S MAIDEN NAME <u>Margaret A. Evington</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Address <u>Mrs. Eppah Luthey Rt 1 Lebanon</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Coronary insufficiency</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>—</u>		
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>Lebanon Mo.</u>		COUNTY <u>Laclede</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>1953</u> to <u>11-23-56</u> and last saw her alive on <u>11-23-56</u> Death occurred at <u>8:30 A. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>BB Hurst, M.D.</u>		22b. ADDRESS <u>Lebanon Mo.</u>		22c. DATE SIGNED <u>11-26-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/25/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Oak Pond</u>		23d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Holman Funeral Home Lebanon Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-27-1956</u>		26. REGISTRAR'S SIGNATURE <u>Hella S. Gray</u>	

(Licensed Embalmer's Statement on Reverse Side)

 health, Welfare public service
 300 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Received 12-3-56
Laclede County Health Unit
File No. 188
Date Filed 12-3-56

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 Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING,
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.