

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42601

State File No.

BIRTH NO. _____ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 436

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>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Francois Twp.</u>		c. LENGTH OF STAY (In this place) <u>28 days</u>	c. CITY OR TOWN <u>Mountain Grove</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Route 4, Box 86</u>		1070	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>CHARLES</u>	c. (Last) <u>LUTZ</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>12</u> <u>11</u> <u>1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 12, 1895</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Cherokee, Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Fred Lutz</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Agnes Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Stella May Wright</u>
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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>447-10-7491</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hosp.#4, Farmington, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 das.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>		
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Central Nervous System Lues</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis with C.N.S. Lues and hypertensive cardiovascular renal disease.</u>			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 13, 1956, to Dec. 11, 1956, that I last saw the deceased alive on Dec. 11, 1956, and that death occurred at 7:49 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Brenner, M.D.</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>12-11-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 14, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 11, 1956</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable-Windle Funeral Home</u>	ADDRESS <u>Mountain Grove, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAJ. S
1951

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... *Paul K. Dugal*

Licensed Embalmer No. 4126

P. O. Address *Farmington*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.