

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

58-033571

STATE FILE NUMBER

FILED OCT 6 1958

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON TWP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>PARIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 MI. E. OF PARIS</u>			Length of stay in lb <u>3 MO.</u>	d. STREET ADDRESS (If outside, give location) <u>W. CALDWELL ST</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>LAURA</u> Middle <u>BELINDA</u> Last <u>ELY</u>				4. DATE OF DEATH Month <u>OCT.</u> Day <u>2</u> Year <u>1958</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>APR 27 1872</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>5</u> Hours <u>-</u> Min. <u>-</u> IF UNDER 24 HRS. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>RANKIN, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN W. LUTZ</u>				14. MOTHER'S MAIDEN NAME <u>MARY WEST</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>NONE</u>		17. INFORMANT Address <u>ROBERT M. ELY MONROE CITY, MO.</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 Apoplexy</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							<u>334X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
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>394</u>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Sept. 20-1958</u> , to <u>Oct. 2-1958</u> and last saw <u>her</u> alive on <u>Sept. 30-1958</u> Death occurred at <u>11:30 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. A. Barnett M.D.</u> (Degree or title) <u>G</u>				22b. ADDRESS <u>PARIS, MO.</u>		22c. DATE SIGNED <u>10-3-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>OCT. 4 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>		23d. LOCATION (City, town, or county) (State) <u>5 MI. E. OF PARIS MO</u>		
24. FUNERAL DIRECTOR <u>SPEED & BLAKEY</u>			ADDRESS <u>PARIS, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>10-3-58</u>		26. REGISTRAR'S SIGNATURE <u>J. A. Barnett M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
 6-90
 300
 1-56
 All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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..... *E. H. Ognew*

Licensed Embalmer No. 400

P. O. Address. PARIS, MISSOURI

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.