

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002196

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 227 Primary Registration District No. 5-805 Registrar's No. 8

300
1-57

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN JEFFERSON TWP.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 MI. E. OF PARIS, MO.		Length of stay in lb 5-8 YRS.	d. STREET ADDRESS (If outside, give location) 8 MI. E. OF PARIS MO.
3. NAME OF DECEASED (Type or print) First JOHN Middle A. Last LUTZ			4. DATE OF DEATH Month JAN. Day 27 Year 1959
5. SEX M.	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 24, 1885
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 0 Days 3	IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING	11. BIRTHPLACE (City and state or country) RANKIN, ILLINOIS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN W. LUTZ	
13b. MOTHER'S MAIDEN NAME MARY K. WEST		14. NAME OF HUSBAND OR WIFE HESTER E. LUTZ	
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. 497-42-1206	17. INFORMANT HESTER E. LUTZ Address RF.D. #1 STOUTSVILLE, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Secondary Cancer of Liver			INTERVAL BETWEEN ONSET AND DEATH 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastric Carcinoma			6 mo
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 151X	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from 11/19/58 to JAN 1, 1959 and last saw him alive on Jan 1 1959 Death occurred at JAN 28 1959 5: P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE A. J. Skakun (Degree of title) 2	
22b. ADDRESS 151X		22c. DATE SIGNED 1-31-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 29, 1959	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL	23d. LOCATION (City, town, or county) (State) 5 MI. E. OF PARIS, MO.
24. FUNERAL DIRECTOR E.H. AGNEW SPRED+BLAKEY FUNERAL HOME		ADDRESS PARIS, MO.	25. DATE RECD. BY LOCAL REG. 1-3-59
26. REGISTRAR'S SIGNATURE J. A. Barnette, D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. Agnew*

Licensed Embalmer No. *4000*.....

P. O. Address *Paris, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.