

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008816

STATE FILE NUMBER

WAR 23 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 86

300
-57

1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JEFFERSON CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 317 HART STR			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 317 Hart St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last OTTO — LUTZ				4. DATE OF DEATH Month Day Year MARCH 18, 1959					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 3, 1881		9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months Days 5 16	11. UNDER 24 HRS. Hours Min. 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDENER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) JEFFERSON CITY, MO.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE FRANCES WINIGER			
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. NONE		17. INFORMANT Address EDWARD LUTZ J. C. 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) <i>Coronary Thrombosis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
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"/> 2		
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.) <i>Man living alone was found dead - Had been treated for heart condition by J. S. Bruce, M. D., J.C. Mo. Investigation revealed death due to natural causes.</i>						
20c. TIME OF DEATH Hour Month, Day, Year a.m. p.m. <i>3/18/59</i>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>		20f. CITY, TOWN, OR LOCATION <i>Jefferson City</i>		COUNTY <i>Cole</i>		STATE <i>Mo.</i>	
21. I attended the deceased from <i>Bob's funeral March 16, 1959</i> and last saw him <i>live on</i> Death occurred at <i>About March 18 - 12 Noon</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Victor J. Cole, Coroner Cole County</i>			22b. ADDRESS <i>630 Adams St. Jefferson City, Mo.</i>			22c. DATE SIGNED <i>3/20/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE <i>3/21/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>		23d. LOCATION (City, town, or county) (State) <i>Jefferson City, Mo.</i>				
24. FUNERAL DIRECTOR <i>Sylvester Sulle</i>			ADDRESS <i>J C Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>21 March 1959</i>		26. REGISTRAR'S SIGNATURE <i>R. P. Norris, M.D. - MR.</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 2 1 1959

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 *Sylvester Hulle*

Licensed Embalmer No. *4321*
P. O. Address *Jeffersonville*

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.