

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH				59-024892			
FILED VS JUL 27 1959							
Registration District No. 137		Primary Registration District No. 3023		Registrar's No. 181		STATE FILE NUMBER	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Henry		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		a. STATE Missouri b. COUNTY Henry		c. CITY OR TOWN Clinton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Moores Rest Home		Length of stay in 1b 1 yr.		d. STREET ADDRESS (If outside, give location) 21 Water St		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last GEORGE H LUTTRIDGE				July 19 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 4-28-1863	9. AGE (last birthday) 96	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Bates County Mo.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Peter Luttridge		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Moores Rest Home, Clinton Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Arterio-sclerotic heart disease						3 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arterio-sclerosis						1 year	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none						PART III. If deceased was female was there a pregnancy in last 90 days.	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY		Hour Month, Day, Year					
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7/6/59 to 7/19/59 and last saw him alive on 7/18/59		Death occurred at 5:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) S.B. Hughes, M.D.				22b. ADDRESS Clinton Mo.		22c. DATE SIGNED 7/21/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/23/59		23c. NAME OF CEMETERY OR CREMATORY Butler		23d. LOCATION (City, town, or county) (State) Butler Mo.	
24. FUNERAL DIRECTOR		ADDRESS		25. DATE RECD. BY LOCAL REG. July 21-59		26. REGISTRAR'S SIGNATURE Waldred Bigum	
SCHARBERG		CLINTON MO.					

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed F. L. Schube

Licensed Embalmer No. 451

P. O. Address Clenton

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.