pt. Health,
:., & Welfare
S. Public
lth Service

V. S. 300
ev. 1-57

FILED VS FEB 17 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-005517
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Clay	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Excelsior Springs — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN House Springs — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA Hospital Missouri — Length of stay in 1b 1596 days	d. STREET ADDRESS (If outside, give location) Route-2 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print)	First FRED	Middle D.	Last LOTZKAT	4. DATE OF DEATH Month Day Year January 27,1960
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH Nov.24, 1890	9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Common	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christian William Lotzkat	13b. MOTHER'S MAIDEN NAME Helen Rugoski	14. NAME OF HUSBAND OR WIFE - -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 486 14 9913	17. INFORMANT Mrs.Mary Sellenriek, Address 19 Alfresco Drive Manchester, Missouri		

MEDICAL CERTIFICATION

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)	Cor pulmonale	10 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary emphysema	3 years
DUE TO (c)	Tuberculosis, pulmonary, far advanced, active	5½ years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - 002X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year - -

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from Sept. 14,1955, to Jan.27,1960 ~~XXXXXXXXXXXXX~~ him
Death occurred at 6:10 a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. J. MANTELL, M.D. Pathologist

22b. ADDRESS VA Consolidated Center Ex.Spgs Div.,Ex.Springs,Mo.

22c. DATE SIGNED 1-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1/27/60	23c. NAME OF CEMETERY OR CREMATORY ST. MARTINS	23d. LOCATION (City, town, or county) HIGH RIDGE (State) Mo
24. FUNERAL DIRECTOR FROHWITTER-MILLER	ADDRESS HIGH RIDGE Mo	25. DATE RECD. BY LOCAL REG. 2/3/60	26. REGISTRAR'S SIGNATURE Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed Merrell B. Frohwitter
Signature of Student Embalmer

Licensed Embalmer No. 3696
P. O. Address High Ridge 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.