

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006031

FILED VS FEB 29 1960

37

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 5-1

1. PLACE OF DEATH a. COUNTY <i>Henry</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>ms</i> b. COUNTY <i>Benton</i>		
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>Windsor</i>		Length of stay in 1b <i>52 days</i>	c. CITY OR TOWN <i>Lincoln RT 2</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Windsor Community Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>14 mile S.E. of Lincoln</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>LEON ROY LUTJEN</i>			4. DATE OF DEATH Month Day Year <i>Feb 13 1960</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>6/10/1897</i>	9. AGE (last birthday) <i>62</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming & Carpentry</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm & Buillas</i>		11. BIRTHPLACE (City and state or country) <i>Benton Co</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Clas Lutjen</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Reinert</i>	
14. NAME OF HUSBAND OR WIFE <i>ms.</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		16. SOCIAL SECURITY NO. <i>487-07-0450</i>	
17. INFORMANT <i>milched van winkle</i>		Address <i>Lecton ms.</i>		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>Acute Myocardial Infarction</i> DUE TO (b) <i>Pulmonary Hypertension</i> DUE TO (c) <i>Acute & Chronic Asthma</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., not related to the terminal disease - condition given in PART I (a)) <i>Spontaneous Pneumo ThoraX L Lung</i>		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		INTERVAL BETWEEN ONSET AND DEATH <i>3-4 hrs</i> <i>2 mos</i> <i>10 yrs</i>	
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 a.m. p.m.	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 <i>Dec 23 - 59</i> to <i>Feb 13 - 60</i> and last saw him alive on <i>Feb 13 - 60</i> Death occurred at <i>11:25 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <i>Claude M. Shurber MD</i>			22b. ADDRESS <i>Windsor, Mo.</i>		22c. DATE SIGNED <i>2-18-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2/15/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Yeager Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Benton County ms</i>	
24. FUNERAL DIRECTOR <i>Fred Davis & Son</i>		ADDRESS <i>Lincoln</i>	25. DATE RECD. BY LOCAL REG. <i>Feb. 23 1960</i>		26. REGISTRAR'S SIGNATURE <i>Nieldred Bigum</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Gene H. Baitman*

Licensed Embalmer No. 4021
P. O. Address Versailles, 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.