

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045588

STATE FILE NUMBER

FILED VS JAN 3 1961

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 106

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dent</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn typ</u> Length of stay in lb <u>4 yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>rt 3</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> c. CITY OR TOWN <u>Salem</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>rt 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Freelove Bethany Lutz</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Dec 25 1960</u>				
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>8-26-75</u>	<b>9. AGE</b> (last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>X</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Shannon Co Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U S A</u>	
<b>13a. FATHER'S NAME</b> <u>George Woolf</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Radford</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>David Lutz</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u>		<b>16. SOCIAL SECURITY NO.</b> <u>X</u>		<b>17. INFORMANT</b> Address <u>Mrs Willie East rt 3 Salem Mo</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufficiency</u> DUE TO (b) <u>Cardio-valvular disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) <u>Gen. Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ 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 _____	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE _____	
<b>21. I attended the deceased from</b> <u>May 1960</u> to _____ and last saw her/him alive on <u>Dec. 25, 1960</u> Death occurred at <u>11-50 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Joseph R Burnett MD</u>				<b>22b. ADDRESS</b> <u>Salem, Missouri</u>		<b>22c. DATE SIGNED</b> <u>12/27/60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>23b. DATE</b> <u>Dec 27 1960</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Miner Cem</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Dent Co Mo</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Spencer Funeral Home Inc</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>12/27/60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>M. M. Clark M.D. Secy</u>		

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed \_\_\_\_\_

*Orville Spence*

Licensed Embalmer No. *23*

P. O. Address *Bellevue*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.