MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1961

-61-000676

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 5299 Registrar's No. 9

AMENDED

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lathrop — Length of stay in 1b: 24 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, 2 mi. N.W. Lathrop — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clinton
c. CITY OR TOWN Lathrop — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 mi. N.W. Lathrop — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First HAROLD Middle HARVEY Last LUETERS

4. DATE OF DEATH: Month January Day 24 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-17-1890
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months 6 Days 7 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Manitou, Colorado
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Harman Lueters
13b. MOTHER'S MAIDEN NAME: Emma Wilcox
14. NAME OF HUSBAND OR WIFE: Laura Halley Lueters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Laura Halley Lueters Address: Lathrop, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 min
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred Warren, DO (Degree or title)
22b. ADDRESS Lathrop, Mo.
22c. DATE SIGNED 1-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 27, 1961
23c. NAME OF CEMETERY OR CREMATORY: Lathrop Cemetery
23d. LOCATION (City, town, or county) (State): Lathrop, Missouri

24. FUNERAL DIRECTOR ADDRESS: Lyon Funeral Home Inc, Lathrop, Mo.
25. DATE RECD. BY LOCAL REG.: 1-28-61
26. REGISTRAR'S SIGNATURE: Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
9			
10			
1			
2			

BY AFFIDAVIT OF DOCUMENT

FEB 1 1961

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 Lorman W. Larson

Licensed Embalmer No. 4889

P. O. Address Lathrop, 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.