

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008940

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1207 STATE FILE NUMBER

AMENDED DATE AMENDED 3-14-61 INSTEAD OF NONE SHOULD READ 495-05-7371 BY AFFIDAVIT OF HENRY G. WALL

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 76 YEARS c. FULL NAME OF HOSPITAL OR INSTITUTION MENORAH MEDICAL CENTER Inside Limits Yes X No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON b. CITY OR TOWN KANSAS CITY Inside Limits Yes X No c. STREET ADDRESS (If outside, give location) 4116 VIRGINIA AVE. Reside on Farm Yes X No 3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year AGNES E. LUTZ MARCH 4 1961 5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9. AGE (last birthday) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY AT HOME -- KANSAS CITY, MO. U.S.A. 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE JOHN M. FRANK JOHANNAH BAUSCH EDWIN LUTZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT THEODORE C. FRANK KANSAS CITY, MO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive coronary heart disease with pulmonary edema and meningitis 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. 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 March 3 1961 to March 4 1961 and last saw her alive on March 4, 1961 Death occurred at 6:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED Henry G. Wall M.D. 751 E 63rd ICCM March 6, 1961 23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAR. 7, 1961 23c. NAME OF CEMETERY OR CREMATOR FOREST HILL CEMETERY 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY MO. ADDRESS 1351 BRUSH CREEK 25. DATE RECD. BY LOCAL REG. 3-7-61 26. REGISTRAR'S SIGNATURE Ruth Long

FILED MAR 29 1961

(Licensed Embalmer's Statement on Reverse Side)

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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address KO MW

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.