MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014674
STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 137

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b: 11 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Benton
c. CITY OR TOWN Cole Camp
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) -------
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Edward Middle: Cord Last: Lutjen
4. DATE OF DEATH Month: April Day: 25th Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-17-1888
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months 1 Days 8
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blade Man
10b. KIND OF BUSINESS OR INDUSTRY: Road Const.
11. BIRTHPLACE (City and state or country): Mt. Hulda, Mo.
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Dick Lutjen
13b. MOTHER'S MAIDEN NAME: Anna Ehlers
14. NAME OF HUSBAND OR WIFE: Katherine Kroenke
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: Mrs. Katherine Lutjen Address:

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) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 days
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 4-14-61 to 4-25-61 and last saw him alive on 4-25-61
Death occurred at 11:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. S. Hopkins, M.D.
22b. ADDRESS: 1609 S. Limit Sedalia, Mo.
22c. DATE SIGNED: 4-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-27-1961
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hulda
23d. LOCATION (City, town, or county) (State): Benton County Mo.
24. FUNERAL DIRECTOR ADDRESS: E. L. Eickhoff Cole Camp, Mo.
25. DATE RECD. BY LOCAL REG.: May 2-1961
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

US MAY 9 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 E L Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.