

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH						-61-033843					
DEPARTMENT OF PUBLIC HEALTH AND WELFARE						STATE FILE NUMBER					
Primary Registration District No. _____ Registrar's No. <u>118</u>											
AMENDED											
DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Polk</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>							
	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bolivar</u>			Length of stay in 1b <u>1 month</u>		c. CITY OR TOWN <u>Buffalo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant View Nursing Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>East Madison</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	3. NAME OF DECEASED (Type or print) <u>Martha Priest Lutz</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>28</u> Year <u>1961</u>							
	5. SEX <u>Female</u>		6. COLOR OR RACE <u>caucasian</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>July 20, 1884</u>		9. AGE (last birthday) <u>77</u>		
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>Burlington, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>		
	13a. FATHER'S NAME <u>Louis Grice</u>			13b. MOTHER'S MAIDEN NAME <u>Alvina Adams</u>			14. NAME OF HUSBAND OR WIFE <u>Ed Lutz</u>			IF UNDER 24 HR. Hours <u></u> Min. <u></u>	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ed Lutz</u> Address <u>Buffalo, Missouri</u>					
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL VASCULAR ACCIDENT</u> DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 <u>28 Sep 61</u> to <u>28 Sep 61</u> and last saw her/him alive on <u>28 Sep 61</u> Death occurred at <u>6:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>					22b. ADDRESS <u>Bolivar, Missouri</u>		22c. DATE SIGNED <u>9-30-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 10-1-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Buffalo, Missouri</u>		(State)			
24. FUNERAL DIRECTOR <u>Montgomery Funeral Home</u> ADDRESS <u>Buffalo, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>Oct 2, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Jordan</u>					

(Licensed Embelmer'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 Thermon H. Vets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

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.