SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-037053

MENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5401 STATE FILE NUMBER

FILED NOV 13 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Jackson Jeremiah
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Clay
c. CITY OR TOWN Gladstone Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 414 Papular Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last Mary Nadine Lutz

4. DATE OF DEATH Month Day Year 10-28-61

5. SEX F

6. COLOR OR RACE W.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-20-1910

9. AGE (last birthday) ~~60~~ 50 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kansas City Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James E. Borden

13b. MOTHER'S MAIDEN NAME Mary Dillion

14. NAME OF HUSBAND OR WIFE Frank J. Lutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Frank J. Lutz, Address Gladstone 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) acute coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized arterial sclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner

22b. ADDRESS 152 Minton Station

22c. DATE SIGNED 10-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-31-61

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet

23d. LOCATION (City, town, or county) (State) Kansas City Mo

24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Linwood Woodland

25. DATE RECD. BY LOCAL REG. 10-30-61

26. REGISTRAR'S SIGNATURE Ruth Long

(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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Hal Throughro

Signature of Student Embalmer

Licensed Embalmer No. 3408

P. O. Address Indep. Ill

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