

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042100

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 371 Primary Registration District No. 4456 Registrar's No. 49

AMENDED

FILED NOV 28 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | | |
|---|--|---|--|--|-------------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CLAIR</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City, Mo.</u> | | Length of stay in lb <u>68 yr</u> | | c. CITY OR TOWN <u>Appleton City, Mo.</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>ELIOTT M. Hosp.</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Henry Mathew Luchsinger</u> | | | 4. DATE OF DEATH Month Day Year <u>Nov. 23 - 1961</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OF RACE <u>W</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>Nov. 29 1892</u> | 9. AGE (last birthday) <u>68</u> | IF UNDER 1 YEAR Months Days Hours Min. <u>11 24</u> | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED PLUMBER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Appleton City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Adam</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosa Elmer</u> | | 14. NAME OF HUSBAND OR WIFE <u>20a Luchsinger</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> | | | 16. SOCIAL SECURITY NO. <u>W. W. 1</u> | 17. INFORMANT <u>20a Luchsinger, Appleton City, Mo</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>Myocardial infarction</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
| 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. <input type="checkbox"/> Yes <input 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 Month, Day, Year a.m. p.m. | | | | | | | |
| 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>23 Nov 61</u> to <u>23 Nov 61</u> and last saw ^{her} him alive on <u>23 Nov 61</u> Death occurred at <u>9:35 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>W. W. Elliott M.D.</u> | | | | 22b. ADDRESS <u>Appleton City</u> | | 22c. DATE SIGNED <u>24 Nov 61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>11-25-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City, Mo.</u> | | 23d. LOCATION (City, town or county) <u>Appleton City, Mo.</u> | | | |
| 24. FUNERAL DIRECTOR <u>Clason Eads</u> | | | ADDRESS <u>Appleton City, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Nov. 24 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Clara Atney</u> | |

NOV 30 1961

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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 Osborn E. Hoff

Licensed Embalmer No. 3942

P. O. Address Poppleton City

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.