

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013889

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6229 Registrar's No. 5600

FILED MAR 27 1962

VS 300 Rev. 4/59	AMENDED	DATE AMENDED	
1080			
21080			
3			
4 0			
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7 2			
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9 34.4			
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1290-3			
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lake Township		Length of stay in lb 67 Yrs.	c. CITY OR TOWN Nevada, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, Rt. #1, Nevada, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D.No.1
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Christopher Lutwig			4. DATE OF DEATH Month Day Year March 8 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-21-1892	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 3 Days 15 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Christopher Lutwig		13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Never married

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. none	17. INFORMANT Mrs. Emma Marquardt, Sister	Address Horton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) An apparent heart attack		sudden
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) found dead at 9:30 a. m. on March 13 1962		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
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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"/> none	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) unable to establish exact hour and date of death but evidence would indicate that death occurred between hours of (9:00 a. m. on 3-8-1962 and 9:00 a. m. on 3-9-1962
20c. TIME OF INJURY Hour Month, Day, Year never	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 never	COUNTY never	STATE never
21. I attended the deceased from _____, to _____, and last saw him alive on March 8, 1962		21b. Death occurred at (unable to establish hour) m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. Anglen Ferry, Coroner	22b. ADDRESS Vernon County, Nevada, Missouri	22c. DATE SIGNED 3-17-1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-15-1962	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park
23d. LOCATION (City, town, or county) Nevada, Missouri		(State)

24. FUNERAL DIRECTOR Hays Funeral Service, Inc.	ADDRESS Nevada, Missouri	25. DATE RECD. BY LOCAL REG. 3-21-1962	26. REGISTRAR'S SIGNATURE Anna E. Ferry
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USE BLACK INK OR TYPEWRITER RIBBON

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 Richard L. Griffin

Licensed Embalmer No. 5053

P. O. Address H Scott, K6

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.