

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1169**  
Registrar's No. **79**

FILED JAN 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. CITY OR TOWN <b>Clinton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>10 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>324 East Ohio Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>324 E. Ohio St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Leroy</b>	b. (Middle) <b>Edgar</b>	c. (Last) <b>Lutz</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 11 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 25 1882</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>17</b>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory employee</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Toy Mfg.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Harper, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Clay Lutz</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Hankins</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Lutz</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>	16. SOCIAL SECURITY NO. <b>498-30-6435</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eva Lutz</b>	ADDRESS <b>Clinton, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatitis Pneumonia</b>		<b>3 days.</b>
ANTECEDENT CAUSES		DUE TO (b) <b>Carcinoma of Prostate</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>177x</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1/7**, 1956, to **1/10**, 1956, that I last saw the deceased alive on **1/10**, 1956, and that death occurred at **8 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. S. Hallerguard</b>	(Degree or title)	23b. ADDRESS <b>Clinton, Mo.</b>	23c. DATE SIGNED <b>1/12/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 13, 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-12-56</b>	REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	521.	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Conalus</b>	ADDRESS <b>Clinton, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1950

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 *Eugene R. Convaler*

Licensed Embalmer No...468

P. O. Address...Clinton, Va.

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.