

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-035902**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4214 Registrar's No. 248

FILED OCT 7 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Henry</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Deepwater</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION</p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b></p> <p>c. CITY OR TOWN <b>Deepwater</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) <b>Clarence</b> First Middle <b>O.</b> Last <b>Luther</b></p>	
<p>4. DATE OF DEATH <b>October 1 1963</b> Month Day Year</p>	
<p>5. SEX <b>male</b></p>	<p>6. COLOR OR RACE <b>white</b></p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>4/23-1878</b> 9. AGE (last birthday) <b>85</b></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <b>None</b></p>
<p>11. BIRTHPLACE (City and state or country) <b>Buffalo, Missouri</b></p>	
<p>12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b></p>	
<p>13a. FATHER'S NAME <b>Fredrick H. Luther</b></p>	
<p>13b. MOTHER'S MAIDEN NAME <b>Mary Jane Baugh</b></p>	
<p>14. NAME OF HUSBAND OR WIFE <b>Cordia Luther</b></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b></p>	
<p>16. SOCIAL SECURITY NO. <b>495-01-4584</b></p>	
<p>17. INFORMANT <b>Mrs. Blanche DeLozier, Deepwater, Mo.</b> Address</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">- PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b></p> <p style="text-align: center;">DUE TO (b) <b>Cardiac Hypertrophy - Hypertrophied Heart</b></p> <p style="text-align: center;">DUE TO (c) <b>Senility</b></p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cardiac Asthma</b></p> <p style="text-align: right;">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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour: Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <b>1940</b> to <b>Oct 1-1963</b> and last saw him alive on <b>Oct 1-1963</b></p> <p>Death occurred at <b>7 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <b>D. C. Townsend M.D.</b></p>	
<p>22b. ADDRESS <b>Deepwater Mo</b></p>	
<p>22c. DATE SIGNED <b>10-2-63</b></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b></p>	<p>23b. DATE <b>Oct. 3, 1963</b></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <b>Deepwater Cemetery</b></p>	
<p>23d. LOCATION (City, town, or county) (State) <b>Deepwater, Missouri</b></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <b>Melvin L. Janssens, Deepwater, Mo.</b></p>	
<p>25. DATE RECD. BY LOCAL REG. <b>Oct. 3, 1963</b></p>	
<p>26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b></p>	

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

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Permit Obtained 10-3-63 (1963)

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 Melvin L. Johnson

Licensed Embalmer No. 45129

P. O. Address El Dorado Sp 9th

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.