

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033473

FILED VS SEP 29 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 364

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b **	c. CITY OR TOWN Bonne Terre Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr. Jack Mullen Office		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 Lake Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) LUTHER EUGENE ORTEN			4. DATE OF DEATH Month Sept. Day 18, Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb-6-1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk Acct. Dept. St Joseph Lead Co. Farmington, Mo.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alvin Luther Orten		13b. MOTHER'S MAIDEN NAME Judith Jackson		14. NAME OF HUSBAND OR WIFE Dell Elizabeth Robinson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I		16. SOCIAL SECURITY NO. 490-03-1391	17. INFORMANT Wife			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
IMMEDIATE CAUSE (a) Infarction of myocardium		
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) Arteriosclerotic coronary thrombosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	

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 Bonne Terre, Missouri	COUNTY	STATE
21. I attended the deceased from 9-18-59 to 9-18-59 and last saw her/him alive on 9-18-59 Death occurred at 11:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Jack Mullen</i> (Degree or title)	22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 9-18-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE SEP 20 1959	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial Park	23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
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24. FUNERAL DIRECTOR C Z Boyer & Son Inc. Bonne Terre	25. DATE RECD. BY LOCAL REG. Sept. 21, 1959	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 7 1958

SEP 8 8 1958

FEB 16 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed B. T. Boyer

B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo

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.