

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018336

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 204 Primary Registration District No. 3046 Registrar's No. 49

STATE FILE NUMBER

FILED JUN 13 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CALIFORNIA		Length of stay in lb 6 YRS.		c. CITY OR TOWN CALIFORNIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. STELLA ST.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) E. STELLA ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) LUTHER WESLEY FRUCHEY				4. DATE OF DEATH Month Day Year JUNE 5, 1961									
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 11-18-1887		9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER				10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING				11. BIRTHPLACE (City and state or country) MONITEAU CO., MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME JOHN FRUCHEY				13b. MOTHER'S MAIDEN NAME AGNES PETTIGREW				14. NAME OF HUSBAND OR WIFE NONE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. MAGGIE MOSER, CALIFORNIA, MO.							
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis with Myocardial Degeneration DUE TO (b) Chronic Emphysema DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH 2 years 5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Tuberculosis, arrested								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 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 a.m. 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 California		COUNTY Moniteau		STATE Mo.					
21. I attended the deceased from 10-1-56 , to 6-3-61 and last saw her/him alive on 6-3-61 . Death occurred at 11:20 am on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) R. J. [Signature]				22b. ADDRESS California, Mo.				22c. DATE SIGNED 6-7-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-6-1961		23c. NAME OF CEMETERY OR CREMATORY GREEN GROVE CEM.		23d. LOCATION (City, town, or county) MONITEAU CO. MO.		(State)					
24. FUNERAL DIRECTOR Hugh E. Williams, California, Mo.				25. DATE RECD. BY LOCAL REG. 6-7-61		26. REGISTRAR'S SIGNATURE Helmer Papeyoy							

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Russell C. Maa

Licensed Embalmer No.

4804

P. O. Address

California

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.