

**FILED** APR 4 1946

179

**STANDARD CERTIFICATE OF DEATH**

State File No. **9997**

Registration District No. **179**

Primary Registration District No. **5671**

Registrar's No. **14**

**1. PLACE OF DEATH:**

(a) County **Lincoln**  
(b) City or town **Tauxton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **28 years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Lincoln**  
(c) City or town **Tauxton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MINNIE W LUELF**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct 3 1861**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **5** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Lincoln County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Henry Besseman**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Luefl**  
(b) Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Mar 17 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tauxton Mo.**

18. (a) Signature of funeral director **Wayne Mc Coy**  
(b) Address **Troy Mo.**

19. (a) **March 18 - 1946** (b) **Miss Emma B. Riddle**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Mar** day **15** year **1946** hour **6** minute **56 P** M.

21. I hereby certify that I attended the deceased from **March 10**, 19**46**, to **March 15**, 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Due to **arteriosclerosis**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **g m**  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **HS Hauer** (M. D. or other) \_\_\_\_\_  
Address **Troy Mo.** Date signed **3-18-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8933

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Wayne Mc Coy* .....  
Licensed Embalmer No. *3586* .....  
P. O. Address..... *Sroy 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 this body is not embalmed, fact should be so stated above.**