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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23759  
Registrar's No. 12

FILED JUL 17 1948  
Registration District No. 260

Primary Registration District No. 5884

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

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
On Rich Fountain & Freeburg Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 (Specify whether  
In this community 70 yrs (Specify whether  
years, months or days)

3: (a) PRINT FULL NAME Bernard Luecke  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary F. Bauer Luecke 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased March 8th, 1878  
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Westphalia, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER { 12. Name Phillip Luecke  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Theressa Uhrentrop  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Luecke  
(b) Address Freeburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/49 (Month) (Day) (Year)

(c) Place: burial or cremation Freeburg, Mo.

18. (a) Signature of funeral director Cydel Norton

(b) Address Linn, Mo.

19. (a) 6/26/48 (Date received local registrar) (b) Mrs. H. H. Moore (Registrar's signature) 120

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd, year 1948 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

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) Natural

(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) (c) Means of injury 2

23. Signature Cydel Norton Coroner (M. D. or other)

Address Linn, Mo. Date signed 6/24/49

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUL 15 1948

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 *Vernon M. Boston*  
Licensed Embalmer No. *4125*  
P. O. Address *Linn 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.