

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1729

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>LAFFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LEXINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LEXINGTON</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HOLDA</u> b. (Middle) <u>MEVIUS</u> c. (Last) <u>LUEHRS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-7-1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-20-1878</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR Months <u>3</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ALMA, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>CHAS. MEVIUS</u>		13b. MOTHER'S MAIDEN NAME <u>HEDWIG SCHROEDER</u>		14. NAME OF HUSBAND OR WIFE <u>CLAUS LUEHRS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>CLAUS LUEHRS</u> ADDRESS <u>LEX, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hemorrhage due to perforating Esophageal vessel</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u> <u>6 months</u> <u>3 months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of liver</u>		
	DUE TO (c) <u>with melioidosis to Esophagus + stomach</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lexington Lafayette Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>

22. I hereby certify that I attended the deceased from Aug 2, 1948, to 1-7, 1949, that I last saw the deceased alive on 1-7, 1949, and that death occurred at 4:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. C. Beltman No. 2</u>		23b. ADDRESS <u>Lexington MO.</u>		23c. DATE SIGNED <u>1-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-9-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BLACKBURN MO</u>		
DATE REC'D BY LOCAL REG. <u>Jan 26 49</u>	REGISTRAR'S SIGNATURE <u>Missouri State Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST F TEMPEL</u>	ADDRESS <u>LEX. MO.</u>		

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

54
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Beltran

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-10-49

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.

Signed Leo McKean

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Levington 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.