

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11467

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>5108</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp Rural Williams</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp Rural Williams Township</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 1/2 Miles South East</u>				d. STREET ADDRESS (If rural, give location) <u>4 1/2 Miles South East</u>				
3. NAME OF DECEASED (Type or Print) <u>Emma Marie Luetjen</u>			a. (First) <u>Emma</u> b. (Middle) <u>Marie</u> c. (Last) <u>Luetjen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 4th 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>June 23rd 1894</u>		
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Henry Harms</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Lehr</u>			14. NAME OF HUSBAND OR WIFE <u>Otto E Luetjen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otto E Luetjen</u> ADDRESS <u>Cole Camp 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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of Rt Breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Not operated</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>6-4</u> , 19 <u>48</u> , to <u>5-5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-1</u> , 19 <u>49</u> , and that death occurred at <u>6:30</u> P.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>T. S. Reyer, M.D.</u> (Degree or title)				23b. ADDRESS <u>Cole Camp, Mo</u>		23c. DATE SIGNED <u>5-5-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>		24d. LOCATION (City; town, or county) (State) <u>Cole Camp Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-5-49</u>		REGISTRAR'S SIGNATURE <u>E. L. Eickhoff</u>		FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eickhoff</u>		ADDRESS <u>Cole Camp Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1949

RECEIVED

District Health Officer No. 7

District File Number 4-49-51

Date Filed 5-9-49

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 E. K. Eckhoff

Signed _____
Student Embalmer

Licensed Embalmer No. 730

P. O. Address Old Camp, Md

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.