

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14810**

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>4040</u>		Registrar's No. <u>23</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</u>		c. LENGTH OF STAY (In this place) /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>		d. STREET ADDRESS (If rural, give location) <u></u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) <u>J</u>		c. (Last) <u>Luebber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9th 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 15th 1862</u>		9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Days <u>3</u>		11. IF UNDER 24 HRS. Hours <u>24</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Benard Luebber</u>				13b. MOTHER'S MAIDEN NAME <u>Minnie Hudose</u>				14. NAME OF HUSBAND OR WIFE <u>Sena Luebber</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>Mrs Sena Luebber</u>				ADDRESS <u>Cole Camp Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Amputation of Rt big toe</u> ANTECEDENT CAUSES DUE TO (b) <u>Spastic Paralysis</u> DUE TO (c) <u>arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>										INTERVAL BETWEEN ONSET AND DEATH <u>4501</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.				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>Jan 1st 1945</u> , to <u>5-9th 1949</u> , that I last saw the deceased alive on <u>5-9-1949</u> , and that death occurred at <u>1030 P</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>J. Reser M.D.</u> (Degree or title)						23b. ADDRESS <u>Cole Camp Mo</u>				23c. DATE SIGNED <u>5-10-1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-12-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Paul Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>					
DATE REC'D BY LOCAL REG. <u>5-11-1949</u>		REGISTRAR'S SIGNATURE <u>E L Eichroff 394</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Eichroff</u>				ADDRESS <u>Cole Camp Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 449-566
Date Filed 5-18-09

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
Student Embalmer

Signed E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.