

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16692

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 3808 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give town) Leige		c. CITY (If outside corporate limits, write RURAL and give township) Leige Mo	
c. LENGTH OF STAY (In this place) 2 yrs		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION home			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) G. Lueckenhoff	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 5-30-49	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 2-21-1868
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Linn Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Benjamin Lueckenhoff		13b. MOTHER'S MAIDEN NAME Catherine Westermore	
14. NAME OF HUSBAND OR WIFE x222222			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME John Lueckenhoff		ADDRESS Marshall Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic MYOCARDITIS					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.		4222	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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.) LIEGE - Montgomery Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montgomery Mo	
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 **31 May 1949** to _____, 19____, that ~~last~~ the deceased was alive on **30 May 1949**, and that death occurred at **1 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clement W Linnert, D.O.S. Coronar		23b. ADDRESS Montgomery City Mo		23c. DATE SIGNED 31 May 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-1-49		24c. NAME OF CEMETERY OR CREMATORY Montgomery City	
24d. LOCATION (City, town, or county) (State) Montgomery City Mo		25. FUNERAL DIRECTOR'S SIGNATURE 206 C.W. HOPKINS		ADDRESS Montgomery City Mo	
DATE REC'D BY LOCAL REG. Jun. 3-49		REGISTRAR'S SIGNATURE Miss May Miller			

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

RECEIVED
District Health Officer No. 9,
District File Number JUN 8 1949
Date Filed

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 _____

This body was not embalmed
working under my personal supervision.

Student Embalmer No. _____

C. W. Hopkins

Signed _____ C. W. Hopkins

Signed _____
Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.