

18995

STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 4562 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cole</u> <u>St. Thomas Town</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nearer St. Thomas, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles North of St. Thomas</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nearer St. Thomas, Mo.</u>					

3. NAME OF DECEASED a. (First) <u>Anna</u> b. (Middle) <u>Luechenotto</u> c. (Last) <u>Luechenotto</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 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>Dec. 22 1875</u>		9. AGE (In years last birthday) <u>73</u> Months <u>5</u> Days <u>28</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 <u>Own</u>	11. BIRTHPLACE (State or foreign country) <u>St. Thomas, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Henry Weiger</u>		13b. MOTHER'S MAIDEN NAME <u>Lovena Twehause</u>		14. NAME OF HUSBAND OR WIFE <u>Phillip Lueckenotto</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alma Boessen St. Thomas 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular</u> <u>15-year</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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.)		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 Sept 1948, to June 20, 1949, that I last saw the deceased alive on June 20, 1949 and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Phyllis A. Taylor, M.D. Jefferson City, Mo.</u>			23b. ADDRESS		23c. DATE SIGNED <u>6-24-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Thomas Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Thomas, Mo.</u>

DATE REC'D BY LOCAL REG. <u>June 24-1949</u>	REGISTRAR'S SIGNATURE <u>R.P. Darrin MD - Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buescher Jefferson City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48.

~~District File Number~~
RECEIVED JUN 27 1949
District Health Officer No. 9,

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

Victor Buscher

Licensed Embalmer No. 3701

P. O. Address

Jefferson 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.