

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31230**

No. 300
10-48

FILED OCT 10 1950

BIRTH NO. _____ REG. DIST. NO. 2100 PRIMARY REG. DIST. NO. 4392 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Osage c. CITY OR TOWN Freeburg, Mo.	
b. CITY OR TOWN Freeburg, Mo.		c. CITY OR TOWN Freeburg, Mo.	
c. LENGTH OF STAY (in this place) 48yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Laura	b. (Middle) Agnes	c. (Last) Luebbert	4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1950.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 3, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 24	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ben J. Wegman	13b. MOTHER'S MAIDEN NAME Mary Schmitz	14. NAME OF HUSBAND OR WIFE Frank Luebbert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Thehma Dicknite,	ADDRESS Freeburg, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 5810
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6/17/46, 19 , to 9/26/50, 19 , that I last saw the deceased alive on 9/26/50, 19 , and that death occurred at 3:20 AM from the causes and on the date stated above.

23a. SIGNATURE <i>S. C. Howard</i>	(Degree or title) D.O.	23b. ADDRESS Vienna, Missouri	23c. DATE SIGNED 9/28/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-29-50	24c. NAME OF CEMETERY OR CREMATORY Holly Family Church	24d. LOCATION (City, town, or county) (State) Freeburg, Missouri.
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DATE REC'D BY LOCAL REG. 9-29-50	REGISTRAR'S SIGNATURE <i>Mrs. H. H. Moore</i>	EMERALD DIRECTOR'S SIGNATURE <i>H. C. Birmingham</i>	ADDRESS Vienna, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

760
1

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT - 4 1950
RECEIVED

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.