

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41665**

BIRTH NO. _____ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5880** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage 0760	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Linn Mo Crawford		c. LENGTH OF STAY (in this place) OR TOWN Linn RFD Mo 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) R.F.D.	

3. NAME OF DECEASED (Type or Print) a. (First) Regina b. (Middle) Francis c. (Last) Luebbert			4. DATE OF DEATH (Month) (Day) (Year) Dec. 30-1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2	8. DATE OF BIRTH	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR 9	11. UNDER 1 MIN. 4
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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 Self	11. BIRTHPLACE (State or foreign country) Maries county Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Adam Wieberg	13b. MOTHER'S MAIDEN NAME Catherine Wulff	14. NAME OF HUSBAND OR WIFE John H. 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. no	17. INFORMANT'S SIGNATURE OR NAME Adam Luebbert	ADDRESS Linn Mo R.D.
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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 3 1/2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage		10 years 1947	

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) 33X
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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?
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22. I hereby certify that I attended the deceased from **12-27-1950**, to **12-30-1950**, that I last saw the deceased alive on **12-29-1950**, and that death occurred at **1:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Norman W. Baldwin D.O.	23b. ADDRESS Linn Mo	23c. DATE SIGNED 12/30/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-2-51	24c. NAME OF CEMETERY OR CREMATORY Rich Fountain Catholic	24d. LOCATION (City, town, or county) (State) Rich Fountain Mo
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DATE REC'D BY LOCAL REG. Jan 1-51	REGISTRAR'S SIGNATURE E. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE Clayde ...	ADDRESS Linn, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0760
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 4 1951

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 Embalmer No.

Signed.....
Student Embalmer

Signed Vernon M. Morison

Licensed Embalmer No. 4125

P. O. Address Levin 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.