S. No. 300
Rev. 10-48

FILED AUG 8 1951

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

State File No. 22523

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 95

0272
0

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

**1. PLACE OF DEATH**
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Booneville, Mo.
c. LENGTH OF STAY (in this place): 5Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ravensway Clinic

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall 1972
d. STREET ADDRESS (If rural, give location): 612 North Lyon

**3. NAME OF DECEASED** (Type or Print)
a. (First): Henry
b. (Middle): Bernard
c. (Last): Lueckenhoff

**4. DATE OF DEATH** (Month) (Day) (Year): July 27 1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Nov.9-1894
**9. AGE** (In years last birthday): 56 — IF UNDER 1 YEAR Months ~~8~~ Days ~~28~~ — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Section Foreman
**10b. KIND OF BUSINESS OR INDUSTRY**: G.M.& O.R.R.
**11. BIRTHPLACE** (State or foreign country): Westphalia-Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John C.Lueckenhoff
**13b. MOTHER'S MAIDEN NAME**: Johanna Heitmann
**14. NAME OF HUSBAND OR WIFE**: Agnes Buchanan Lueckenhoff

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) ~~No~~ yes (If yes, give war or dates of service): War-1
**16. SOCIAL SECURITY NO.**: 722-01-0728
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs.Henry Lueckenhoff-Marshall,Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic nephritis
DUE TO (c)

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**: None 592x
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 15, 1941, *to* July 27, 1951, *that I last saw the deceased alive on* July 27, 1951, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Helen Ravensway Mo
**23b. ADDRESS**: Booneville Mo
**23c. DATE SIGNED**: July 29

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7/29/51
**24c. NAME OF CEMETERY OR CREMATORY**: Sunset Memorial
**24d. LOCATION** (City, town, or county) (State): Marshall Missouri

**DATE REC'D BY LOCAL REG.**: 7-29-51
**REGISTRAR'S SIGNATURE**: D.E. Hooper 381 0
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: J. Leslie Sweeney Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-7-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-7-51

AUG 8 1951

DEC 9 1951

DUE

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 J. Leslie Murray
Licensed Embalmer No. 3235
P. O. Address Marshall, NC

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.