

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29933

State File No.

FILED OCT 13 1951

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 23

0360

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan, Mo. Rural, Boone</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan, Mo. Rural, Boone</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>LUECKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 23 1874</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Martin Luecke</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Annie Luecke</u>
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. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Annie Luecke, Sullivan, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left hemiplegia due to cerebral hemorrhage on hypertensive basis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>basis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis, advanced</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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 <u>9-7</u> , 19 <u>51</u> , to <u>9-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-12</u> , 19 <u>51</u> , and that death occurred at <u>3:10P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Pearl Brunner, M.D.</u> (Degree or title)		23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>9-15-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Schmidt Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Strain, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-15-51</u>	REGISTRAR'S SIGNATURE <u>J. F. Matthews</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bernst R. Oltauw Gerald, Mo.</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 3 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 Ernest R. Altman

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

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.