V.S. No. 300
Rev. 10.48

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34009

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 139

0480

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Prairie
c. LENGTH OF STAY (In this place) 5 das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jackson Co Emergency Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buckner 0480
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Mary Elizabeth
b. (Middle) Luetkemeyer
c. (Last)

4. DATE OF DEATH (Month) 10 (Day) 14 (Year) 51

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2
8. DATE OF BIRTH Mch.20.1869
9. AGE (In years last birthday) 82 Months 6 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY her home
11. BIRTHPLACE (State or foreign country) New Memme, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Bergschneider
13b. MOTHER'S MAIDEN NAME Mary E. Niertietz
14. NAME OF HUSBAND OR WIFE Henry J. Luetkemeyer (D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Henry W. Luetkemeyer-Buckner, Mo. ADDRESS

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) Starvation — INTERVAL BETWEEN ONSET AND DEATH 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral thrombosis
DUE TO (c) arterio sclerosis generalized

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 332X
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* 10-10, 1951, *to* 10-14, 1951, *that I last saw the deceased alive on* 10-14, 1951, *and that death occurred at* 11.9 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS County E. Hospital Indep. Mo.
23c. DATE SIGNED 15 Oct 51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE October 15.51
24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cemetery
24d. LOCATION (City, town, or county) Buckner (State) Missouri

DATE REC'D BY LOCAL REG. 10/16/51
REGISTRAR'S SIGNATURE Donald C. Earnshaw 378
25. FUNERAL DIRECTOR'S SIGNATURE V. M. Keppert
ADDRESS Buckner Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 RECD

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 Vernon M. Reppert

Licensed Embalmer No. 4311

P. O. Address Buckner, M

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.