

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34548**

FILED NOV 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **223** PRIMARY REG. DIST. NO. **5916** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Cinque Hommes Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Cinque Hommes Twp.</b>	
c. LENGTH OF STAY (In this place) <b>43 Years</b>		d. STREET ADDRESS (If rural, give location) <b>Perryville, Mo. R.1.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perryville, Mo. R.1.</b>			

3. NAME OF DECEASED (Type or Print) <b>Theodore Bernard Lukefahr</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 5, 1951</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>September 5, 1885</b>		9. AGE (In years last birthday) <b>66</b>		if UNDER 1 YEAR Months Days		if UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (State or foreign country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Frank Lukefahr</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Unverferth</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Julia Valleroy</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary J. Lukefahr, Perryville, Mo. R.1.</b>		ADDRESS	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma</b>		DUPLICATE		1 yr	
		ANTECEDENT CAUSES		DUE TO (b) <b>Squamous cell</b>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Carcinoma of lower lip</b>		2 1/2 yr.	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? <b>140X</b>		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)				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 **21 Nov, 1949, to 5 Nov, 1951**, that I last saw the deceased alive on **4 Nov, 1951**, and that death occurred at **4:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James J. Zebell M.D.</b>		23b. ADDRESS <b>Perryville, Mo.</b>		23c. DATE SIGNED <b>5 Nov 51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 7, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Catholic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Highland, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Nov 5-1951</b>		REGISTRAR'S SIGNATURE <b>Joe J. Zebell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey</b>		ADDRESS <b>Perryville, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 10 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

**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 \_\_\_\_\_

*Albert Bey*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Perryville, Ms.

**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.