

FILED JAN 7 1952  
*L. J. Boyd*

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41067  
4

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 477 PRIMARY REG. DIST. NO. 4562 Registrar's No. \_\_\_\_\_

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>COLE</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. THOMAS, MO.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. THOMAS, MO.</b>                                      |  |
| c. LENGTH OF STAY (in this place) <b>LIFE</b>   |  | d. STREET ADDRESS (If rural, give location) <b>D</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JOHN</b> b. (Middle) <b>LUEBBERING</b> c. (Last) <b>LUEBBERING</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>DEC. 30, 1951</b> |  |  |
|---|--|--|---|--|--|

|   |                               |   |  |  |                          |  |  |
|---|-------------------------------|---|--|--|--------------------------|--|--|
| 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>APRIL 28, 1873</b> | 9. AGE (In years last birthday) <b>78</b>                        | 10 UNDER 1 YEAR <b>8</b> | 11 UNDER 2 HRS. <b>2</b>                   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
| 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                                     |  | 11. BIRTHPLACE (State or foreign country) <b>ST. THOMAS, MO.</b> |                          | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |  |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <b>BERNARD LUEBBERING</b> | 13b. MOTHER'S MAIDEN NAME <b>KATHERINE BIERSMEYER</b> | 14. NAME OF HUSBAND OR WIFE <b>CATHERINE WANKIM</b> |
|--|---|---|

|  |                                     |   |
|--|-------------------------------------|---|
| 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>John Luebbering</b> ADDRESS <b>ST. THOMAS, MO.</b> |
|--|-------------------------------------|---|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease &amp; myocardial infarction.</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>not known</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>Arteriosclerosis</b> |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>4-200</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min) | 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 **7-24-**, 19**51**, to **11-9-**, 19**51**, that I last saw the deceased alive on **11-9-** **51**, 19**51**, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 23a. SIGNATURE <b>Earl J. Boyd, M.D.</b> (Degree or title) | 23b. ADDRESS <b>425 Madison</b> | 23c. DATE SIGNED <b>1-2-52</b> |
|--|---------------------------------|--------------------------------|

|   |                              |  |  |
|---|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>DEC 2, 1952</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>ST. THOMAS</b> | 24d. LOCATION (City, town, or county) (State) <b>ST. THOMAS, MO.</b> |
|---|------------------------------|--|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <b>Jan 2-1952</b> | REGISTRAR'S SIGNATURE <b>R. P. Davis</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Lyphester Dulle</b> ADDRESS <b>J. C. MO.</b> |
|--|--|--|

RECEIVED

JAN 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number.-----

Date Filed JAN 5 1952-----

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 *Sylvester Dulle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City, 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.