S. No. 300
V. 10.48

FILED JUN 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17187

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 38

1600
1

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Southwest City
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Southwest City 0600
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Behhe c. (Last) Lueckenhoff

4. DATE OF DEATH (Month) (Day) (Year) April 6-1952

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 11-1868
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 1 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Mihher County 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Zack Burton
13b. MOTHER'S MAIDEN NAME Eliza Wilson
14. NAME OF HUSBAND OR WIFE H. G. Lueckenhoff-Deceased

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. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Clay Wilson ADDRESS Southwest City, 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) Chronic Myocarditis & Circulatory failure.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitis
DUE TO (c) Arterio-sclerotic hypertensive Heart Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
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* 4-4, 19 52, *to* 4-6, 19 52, *that I last saw the deceased alive on* 4-6, 19 52, *and that death occurred at* 10:10 mA *from the causes and on the date stated above.*

23a. SIGNATURE R. E. Warmack MD (Degree or title) M. D.
23b. ADDRESS Southwest City, Mo.
23c. DATE SIGNED 5-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4-9-1952
24c. NAME OF CEMETERY OR CREMATORY South Side Cemetery
24d. LOCATION (City, town, or county) Meta (State) Missouri

DATE REC'D BY LOCAL REG. 5-22-52
REGISTRAR'S SIGNATURE Mayme Humphrey 423-1
25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey ADDRESS Linneville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0
4

JAN 6 1954

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 Maynard E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Prineville, Ore.

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.