

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

23237

State File No. ....

No. 300  
10-48

**JUL 10 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4468 Registrar's No. 34

50

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>STE. BENEVICTE</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ST MARY'S</u> c. LENGTH OF STAY (to this place) <u>LIFE</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. BENEVICTE</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ST MARY'S</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
---	--	--	--

<b>3. NAME OF DECEASED</b> a. (First) <u>JOSEPH</u> b. (Middle) <u>WILLARD</u> c. (Last) <u>DE CLUE</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JUNE 30 1952</u>				
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>AUG 16 1893</u>	<b>9. AGE</b> (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Days _____ Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>PERRY CO MO.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>WILLIAM DE CLUE</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY ALEXANDER</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>EVA HANEY</u>
---	---	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>797-07-2497</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Eva De Clue St. Mary, Mo</u>
--	--	---

<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pulmonary tuberculosis.</u> ANTECEDENT CAUSES <u>bilateral</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>002X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	--	---

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
---	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
--	--	-----------------------------------

22. I hereby certify that I attended the deceased from June 1951, to 30 June, 1952, that I last saw the deceased alive on 16 June, 1952, and that death occurred at 4:15 P. M., from the causes and on the date stated above.

<b>23. SIGNATURE</b> (Degree or title) <u>Joseph F. Lutkenette MD</u>	<b>23b. ADDRESS</b> <u>St Mary, Mo</u>	<b>23c. DATE SIGNED</b> <u>July 1 52</u>
--	---	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>July 3 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ST MARY'S</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Cam. ST MARY'S MO</u>
---	--	---	--

<b>DATE REC'D BY LOCAL REG.</b> <u>7-3-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Theresa M. Karl, Dep. Sec.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Sec. Basler St. Genevieve Mo</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1952

VS MAR 24 1961

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.....  
*Adrian J. Eller*

Signed.....  
Student Embalmer

.....  
Licensed Embalmer No. *4740*

.....  
P. O. Address *St. Genevieve, 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.