

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42975**

FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 5884 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WESTPHALIA, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WESTPHALIA - Rural, Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Washington Twp	

3. NAME OF DECEASED (Type or Print)
a. (First) **CHRISTINA** b. (Middle) _____ c. (Last) **LUEBBERT**
DATE OF DEATH (Month) (Day) (Year) **DEC 13, 1952**

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 9, 1881	9. AGE (In years last birthday) 71	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) WESTPHALIA, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		13a. FATHER'S NAME JOSEPH F. LUECKE		13b. MOTHER'S MAIDEN NAME ELIZABETH OLIGSCHLAGER		14. NAME OF HUSBAND OR WIFE GEORGE LUEBBERT SR.	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOSEPH LUEBBERT	ADDRESS WESTPHALIA, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Myocardial Failure** INTERVAL BETWEEN ONSET AND DEATH **2 hours**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Acute Pulmonary Congestion** **2 hours**

DUE TO (c) _____

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

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4342	20. AUTOPSY? 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1952 to Dec 13, 1952, that I last saw the deceased alive on Dec 13, 1952, and that death occurred at 6:45 P., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Moore, D.O.	23b. ADDRESS Argyle, Mo	23c. DATE SIGNED Dec 14, 52
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE DEC. 16, 1952	24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH	24d. LOCATION (City, town, or county) (State) WESTPHALIA, MO
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DATE REC'D BY LOCAL REG. Dec. 15, 1952	REGISTRAR'S SIGNATURE Miss W. H. Moore	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle	ADDRESS J. C. MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

760
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JAN 15 1962

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 _____

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.