

STANDARD CERTIFICATE OF DEATH

21241

State File No.

JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. _____

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

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| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u> | |
| c. LENGTH OF STAY (in this place) <u>lifetime</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosebud, Mo. Rt.</u> | | d. STREET ADDRESS (If rural, give location) <u>Rosebud, Mo. Rt.</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Dorothea</u> | | | a. (First) | | | b. (Middle) | | | c. (Last) <u>Luhring</u> | | | 4. DATE OF DEATH <u>May 13, 1953</u> (Month) (Day) (Year) | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | | 8. DATE OF BIRTH <u>April 2, 1870</u> | | | 9. AGE (In years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Tea, Mo.</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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| 13a. FATHER'S NAME <u>Gonrad Luhring</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Louise Kahle</u> | | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Luhring</u> | | ADDRESS <u>Rosebud, Mo. Rt.</u> | |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis</u> | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> | | | | | | | |
| | | DUE TO (c) | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION. <u>331x</u> | | | | | | 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 5-12, 1953, to 5-13, 1953, that I last saw the deceased alive on 5-13, 1953, and that death occurred at 5:30p m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>L. H. Bradley M.D.</u> | | 23b. ADDRESS <u>Owensville Mo</u> | | 23c. DATE SIGNED <u>5-15-53</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-16-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>near Owensville, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>JUN 22 1953</u> | | REGISTRAR'S SIGNATURE <u>Clayde A. Bridget</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. H. Winter</u> | | ADDRESS <u>OWENSVILLE</u> | |
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Myself N H White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.