

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21242

State File No. _____

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>5439</u>	
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 town) <u>Rural Canaan Twp.</u>		c. LENGTH OF STAY (In this place) <u>lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Rural Canaan Twp.</u> <u>0310</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>		
3. NAME OF DECEASED a. (First) <u>Sophia</u>		b. (Middle) <u>Luhring</u>		c. (Last) _____	
4. DATE OF DEATH <u>March 14 1953</u>		4. DATE (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>Dec. 20, 1863</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____
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>Rosebud, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Conrad Luhring</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Kahle</u>		14. NAME OF HUSBAND OR WIFE <u>**</u>	
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>William Luhring</u> ADDRESS <u>Rosebud, Mo. Rt.</u>	
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) <u>Senility</u>		DUE TO (b) _____		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (c) _____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS		Epidemioid Carcinoma left orbital skin area.			
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>March, 1951</u> , to <u>March, 1953</u> , that I last saw the deceased alive on <u>March 12, 1953</u> , and that death occurred at <u>1:45</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. M. Keller M.D.</u>		23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>3-14-53</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	24b. DATE <u>3-16-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Tea, Mo.</u>		
DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE <u>Blyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter H. Winter OWENSVILLE</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

FILED JUN 22 1953

No. 306
10-48

370
1

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 Myford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE N

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.