

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24362

State File No.

FILED JUL 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Rural Lyon</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write BURAL and give township) <u>Rural Lyon</u>		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leslie Mo RHR.</u>				d. STREET ADDRESS (If rural, give location) <u>Leslie Mo. RHR.</u>			
3. NAME OF DECEASED a. (First) <u>Elizabeth</u> (Type or Print)			b. (Middle) <u>J</u>		c. (Last) <u>Luetchfeld</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>March 4 1897</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR: Months <u>3</u> Days <u>27</u> IF UNDER 1 WEEK: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Leslie Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Sunderdick</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Eggert</u>		14. NAME OF HUSBAND OR WIFE <u>Edw. Luetchfeld</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, and if unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edw. Luetchfeld</u> ADDRESS <u>Leslie Mo</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>Carcinoma of Sigmoid Colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			
18a. DATE OF OPERATION <u>June 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Sigmoid Colon</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. 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>May 23 1952</u> to <u>July 1 1953</u> that I last saw the deceased alive on <u>July 1 1953</u> and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. H. Matthews</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Beaufort Mo</u>		23c. DATE SIGNED <u>7-2-53</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 4 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Family Cent</u>		24d. LOCATION (City, town, or county) (State) <u>New Haven Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-2-53</u>		REGISTRAR'S SIGNATURE <u>E. H. Matthews</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Temme</u> ADDRESS <u>Beaufort Mo</u>			

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

0.300
0.48
360
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.....

E. N. Jenne

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

E. N. Jenne

Licensed Embalmer No. *3076*

P. O. Address *Beaufort N.C.*

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.