

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **38231**

FILED DEC 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **31** PRIMARY REG. DIST. NO. **4040** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cole Camp</b>	c. LENGTH OF STAY (In this place) <b>13 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cole Camp</b> <b>0080</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Luetjen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 5th 1953</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov 14th 1875</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>C</b> <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>

13a. FATHER'S NAME <b>Henry Weisner</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Wilshusen</b>		14. NAME OF HUSBAND OR WIFE <b>Martin Luetjen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Olar Luetjen Cole Camp Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUE TO (b) <b>Arteriosclerosis</b>			<b>1 week</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>senility</b>			<b>2-3 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Brain Abscess</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 **11/22, 1953**, to **12/5, 1953**, that I last saw the deceased alive on **12/5, 1953**, and that death occurred at **3:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold B. Wickert</b> (Degree or title) <b>D. O. Cole Camp, Mo</b>			23b. ADDRESS <b>0080</b>		23c. DATE SIGNED <b>12/7/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 7th 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Guida</b>		24d. LOCATION (City, town, or county) (State) <b>Benton County Mo</b>
DATE REC'D BY LOCAL REG. <b>Dec 7th 1953</b>		REGISTRAR'S SIGNATURE <b>E L Diehl</b> <b>374</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>B L Diehl</b> <b>Cole Camp Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0080

**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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo R.O. BOX 1

**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.