

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

38240

State File No. ....

FILED NOV 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u> Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUTESVILLE</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANCELL</u>		d. STREET ADDRESS (If rural, give location) <u>1000 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOND NURSING HOME</u>					
3. NAME OF DECEASED (Type or Print) <u>LUDONIS</u>		a. (First)	b. (Middle)	c. (Last) <u>ROBERT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 27, 1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>SEPT. 12, 1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>SCOTT COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Chas. Robert</u>		13b. MOTHER'S MAIDEN NAME <u>1 Dannermulla</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Schaefer Robert</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>John Robert</u> ADDRESS <u>Cape Gir, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES <u>Myocardial infarction</u> DUE TO (b) <u>Arteriosclerotic heart disease</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND 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)		<u>4200</u>
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?		
22. I hereby certify that I attended the deceased from <u>4/6, 1953</u> , to <u>10/27, 1953</u> , that I last saw the deceased alive on <u>10/25, 1953</u> and that death occurred at <u>1:30 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John J. Myers</u> (Degree or title)		23b. ADDRESS <u>10 Lutesville Mo</u>		23c. DATE SIGNED <u>11/2/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. DENIS</u>	24d. LOCATION (City, town, or county) (State) <u>BENTON MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Willie Ann Aubrough</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beplinghoff Funeral Home</u>	ADDRESS <u>Belmo Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Oliver A. Amick*

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.