

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1806

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Valle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>De Soto, Rural, Valle</u>	
c. LENGTH OF STAY (in this place) <u>38 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>Rock Road</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rock Road</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>Oscar</u> c. (Last) <u>Lueking</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 16, 1875</u>		9. AGE (In years last birthday) <u>78</u>		10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>VETERINARIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>	

13a. FATHER'S NAME <u>Herman Lueking</u>		13b. MOTHER'S MAIDEN NAME <u>Anna (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lueking</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or 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 ADDRESS <u>Mary Lueking De Soto, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			
		11. OTHER SIGNIFICANT CONDITIONS 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) <u>De Soto, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 12-14 1952 to 1-16 1954, that I last saw the deceased alive on 1-16 1954, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas E. Fuller, M.D.</u>		23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>1/19/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-21-54</u>		REGISTRAR'S SIGNATURE <u>Marie Parrie</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Samuel P. [Signature] De Soto, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 12 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 25 1954

JAN 25 1954

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: *Donald B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Dietrich*

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.