No. 300
10.48

FILED APR 27 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11093

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 28

030
0

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

**1. PLACE OF DEATH**
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfax.
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fairfax Com. Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rock Port. 0030 0
d. STREET ADDRESS (If rural, give location): none

**3. NAME OF DECEASED** (Type or Print)
a. (First): Sallee
b. (Middle): Durfee
c. (Last): Luhrs

**4. DATE OF DEATH** (Month) (Day) (Year): 4-20-1954

**5. SEX**: Female 1
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: 5-24-1879
**9. AGE** (In years last birthday): 74 — IF UNDER 1 YEAR: Months 10, Days 26 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housekeeper
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home
**11. BIRTHPLACE** (State or foreign country): Rock Port. Mo., 0
**12. CITIZEN OF WHAT COUNTRY?**: US

**13a. FATHER'S NAME**: A.B.Durfee
**13b. MOTHER'S MAIDEN NAME**: Sallie Todd
**14. NAME OF HUSBAND OR WIFE**: W.A.Luhrs

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** — ADDRESS: Mildred Harmes, Rock Port. Mo.,

**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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) chronic arteriosclerotic nephritis — 10 yrs
DUE TO (c) arteriosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*
Hypertension — unknown
chronic arteriosclerotic heart disease — "

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4200
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Apr 3, 1954, *to* April 20, 1954, *that I last saw the deceased alive on* April 20, 1954, *and that death occurred at* 6:50 pm., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Emmett B. Lettee M.D.
**23b. ADDRESS**: Rock Port Mo.
**23c. DATE SIGNED**: April 21, 54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4-22-1954
**24c. NAME OF CEMETERY OR CREMATORY**: Greenhill Cem
**24d. LOCATION** (City, town, or county) (State): Rock Port. Mo.,

**DATE REC'D BY LOCAL REG.**: April 23, 1954
**REGISTRAR'S SIGNATURE**: Marvin H. Schooler 443-5
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Bartholomew Mortuary, Rockport. Mo

(Licensed Embalmer's Statement on Reverse Side)

## 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 Gratz Bartholow

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.