FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15467

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural. Lyon.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Leslie Mo R#R1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural. Lyon.
d. STREET ADDRESS (If rural, give location) Leslie Mo, R#R1 0360

3. NAME OF DECEASED (Type or Print) a. (First) Charlotta b. (Middle) Luecker c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) May 19, 1954.

5. SEX F

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan 16 1865

9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 4 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Dieckmann

13b. MOTHER'S MAIDEN NAME Mary Achepohl.

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mr August Bargen **ADDRESS** Leslie 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) Senility

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchitis

DUE TO (c) Carcinoma of stomach

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 151 X

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* 5-14-, 1954, *to* _____, 19__, *that I last saw the deceased alive on* 5-18, 1954, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE H. U. Denny (Degree or title) M.D.

23b. ADDRESS Union Mo.

23c. DATE SIGNED 5.20.54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 21, 1954

24c. NAME OF CEMETERY OR CREMATORY Ebenezer Luth.

24d. LOCATION (City, town, or county) (State) Leslie Mo.

DATE REC'D BY LOCAL REG. May 20-54

REGISTRAR'S SIGNATURE John Charles Finley 503

25. FUNERAL DIRECTOR'S SIGNATURE E H Hemme **ADDRESS** Beaufort Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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. H. Jemme, Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed E. H. Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufort M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.