

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22507

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE New Mexico b. COUNTY Berardillo	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY OR TOWN Albuquerque	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Marys Hospital		e. STREET ADDRESS (If rural, give location) Bolivar Street	
3. NAME OF DECEASED (Type or Print) a. (First) Diane b. (Middle) Luckenbaugh c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) July 17 54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED never married	8. DATE OF BIRTH April 15, 54
9. AGE (In years last birthday) 3 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) New Mexico	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charles Luckenbaugh	
13b. MOTHER'S MAIDEN NAME Maalen Dieckelmann		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Charles Luckenbaugh		ADDRESS New Mexico	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat stroke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hyperpyrexia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9319 46		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 12 (STATE)
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 July 17, 1954, to July 17, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry O. Schlemmer, Jr. M.D.	23b. ADDRESS 506 E. High St. Tolpach, Mo.	23c. DATE SIGNED July 17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Reburial	24b. DATE July 18 54	24c. NAME OF CEMETERY OR CREMATORY Bethel Evangelical	24d. LOCATION (City, town, or county) (State) Marysville Pa
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DATE REC'D BY LOCAL REG. July 18-1954	REGISTRAR'S SIGNATURE R. P. Davis MD - NR	25. JONER'S DIRECTOR'S SIGNATURE Sylvester Dulle	ADDRESS JC, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

22 1957

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
Signature of Student Embalmer

Signed *Louise Anderson*

Licensed Embalmer No. *364*

P. O. Address *J E 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.