

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16160**

FILED MAY 23 1955

BIRTH NO. _____		REG. DIST. NO. <u>260</u>		PRIMARY REG. DIST. NO. <u>5884</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>			
b. CITY OR TOWN <u>Richfontian, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY OR TOWN <u>Westphalia, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington Township</u>				e. STREET ADDRESS (If rural, give location) <u>Washington Twp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u>			b. (Middle) _____			c. (Last) <u>LEUCKE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8, 1955</u>							
5. SEX <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH _____		9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Westphalia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Phillip Leucke</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Fullentrop</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Mengwasser</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 ADDRESS <u>Mrs. Elizabeth Leucke Westphalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Pulmonary Embolus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Stenosis</u> DUE TO (c) <u>Prostatic Hypertrophy</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>  <u>5 yrs.</u>	
19a. DATE OF OPERATION <u>April 26 53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy 611X</u>				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)			
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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James C Cape MD</u>				23b. ADDRESS <u>Columbus Mo Mo 9 2</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/11/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Westphalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-16-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. H. Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>		ADDRESS <u>J. C. MO.</u>	

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.....  
Signature of Student Embalmer

Signed..... *Sylvester Ardele*  
Licensed Embalmer No. *43*  
P. O. Address..... *Jefferson*

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.