

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2323**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY OR TOWN <b>Louisiana</b>		c. CITY OR TOWN <b>Clarksville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>520</b>	
3. NAME OF DECEASED (Type or Print) <b>Luther</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 21-56</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>		8. DATE OF BIRTH <b>July 19-1871</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <b>Near Paynesville, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Luther Lane</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Beauchamp</b>		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.	
17. INFORMANT'S SIGNATURE OR NAME <b>Millie Pecora</b>		ADDRESS <b>1212 1/2 1st St. Clarksville, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Liver Abscesses multiple</b> 4 mos ANTECEDENT CAUSES DUE TO (b) <b>Empyema of the Gall Bladder</b> 6 mos. DUE TO (c) <b>585x</b> 6 mos. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Atherosclerotic Heart Dis</b> Unk	
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) (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 <b>Dec. 17, 1955</b> , to <b>Jan 21, 1956</b> , that I last saw the deceased alive on <b>Jan 21, 1956</b> and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Dr. Beckum M.D.</b> (Degree or title)		23b. ADDRESS <b>Clarksville Mo.</b>	
23c. DATE SIGNED <b>1/23/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Greenwood</b>	
24b. DATE <b>Jan 23</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	
24d. LOCATION (City, town, or county) (State) <b>Clarksville Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barry Carroll</b> ADDRESS <b>Clarksville Mo</b>	
DATE REC'D BY LOCAL REG. <b>1/23/56</b>		REGISTRAR'S SIGNATURE <b>Herman Collier</b> 374-0	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Geo. M. Callier

Licensed Embalmer No. 2839

P. O. Address Louisiana

**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.