

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9975

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 287 PRIMARY REG. DIST. NO. 4377 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clyde
c. LENGTH OF STAY (in this place) 70 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clyde, Mo. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Nodaway
c. CITY OR TOWN Clyde
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Clyde, Mo. 0740

3. NAME OF DECEASED (Type or Print)
a. (First) Mrs. Mary b. (Middle) Luebcke c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) Mar. 20 1956

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 8. DATE OF BIRTH Sept 3 1863 9. AGE (in years last birthday) 92 IF UNDER 1 YEAR Months Days IF UNDER 1 WES. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and State or Foreign Country) Near Peoria Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Karl Fuchs 13b. MOTHER'S MAIDEN NAME Anna Mary Eckstein 14. NAME OF HUSBAND OR WIFE Frank Luebcke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. J. H. Stucker ADDRESS Clyde, 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, Generalized MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH years.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Suspected neoplasm, intraabdominal
Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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.) 4500 H 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 8-17, 1953, to 3-20, 1954, and that death occurred at 8:15 p.m., from the causes and on the date stated above.
alive on 3-18, 1954

23a. SIGNATURE (Degree or title) Albert L. Barlin M.D. 23b. ADDRESS Stanberry, Mo. 23c. DATE SIGNED 3-21-56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 3/22/56 24c. NAME OF CEMETERY OR CREMATORY Oaklawn cemetery 24d. LOCATION (City, town, or county) (State) Ravenwood, Mo.
DATE REC'D BY LOCAL REG. 3-24-56 REGISTRAR'S SIGNATURE Bess Holt 25. FUNERAL DIRECTOR'S SIGNATURE Foley Phillips ADDRESS Stanberry Mo.

REPRODUCED FROM ORIGINAL USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Albert J. Carlin

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.....*Leroy G. Phillips*

Licensed Embalmer No.....*100*

P. O. Address.....*Stonka*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**