

Dr. Loyd
FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15878
State File No. 167
Registrar's No. 167

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	c. LENGTH OF STAY (in this place) <u>36yrs</u>	c. CITY OR TOWN <u>Jefferson City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>428 East Ashley Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Tro</u>	b. (Middle) <u>Frederick</u>	c. (Last) <u>Lueker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March-10-1884</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Extension Agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>County Agr</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warden, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles G. Lueker</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Charlotta Steinma</u>	14. NAME OF HUSBAND OR WIFE <u>Mamie Lueker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Lueker, Jefferson City, Mo.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4200</u>
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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? _____
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22. I hereby certify that I attended the deceased from 1-21-, 1953, to 5-27-, 1956, that I last saw the deceased alive on 5-27-, 1956, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Earl J. Loyd, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>515 E. High - Jeff City, Mo.</u>	23c. DATE SIGNED <u>5-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-30-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Camden, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>28 May 1956</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl J. Loyd</u>	ADDRESS <u>Jefferson City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Thorp J. Gordon*

Licensed Embalmer No. *128*
P. O. Address *Jeff City*

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.