

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33358

State File No.

FILED NOV. 13 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 475

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

| | | | |
|---|-----------------------------------|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir | |
| b. CITY (If outside corporate limits, write RURAL and give OR RURAL-Cape Girardeau, Twp.) c. LENGTH OF STAY (in this place) 50 yr | | c. CITY OR TOWN Cape Girardeau d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R 1 Bend Rd | | e. STREET ADDRESS (If rural, give location) R-1 Bend Road | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) W c. (Last) Luebbers | | 4. DATE OF DEATH (Month) (Day) (Year) Nov 4 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W Divorced | 8. DATE OF BIRTH Oct 7 1900 |
| 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR (Months) 0 | IF UNDER 24 HRS. (Days) 27 | IF UNDER 12 HRS. (Hours) 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver (Truck) | | 10b. KIND OF BUSINESS OR INDUSTRY City Cape Girardeau | |
| 11. BIRTHPLACE (City and State or Foreign Country) Lafin Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 13a. FATHER'S NAME Don't Know | | 13b. MOTHER'S MAIDEN NAME Don't Know | |
| 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 49-07-3667 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs Lorraine Luebbers | | ADDRESS Cape Gir 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural cause INTERVAL BETWEEN ONSET AND DEATH 15 min ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart attack 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"/> | | | |
| 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) 4343 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. HOW DID INJURY OCCUR? | |
| 21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 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 11:30 P.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) W. E. Eiter | | 23b. ADDRESS Cape Girardeau Mo | |
| 23c. DATE SIGNED 11-5-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov 8 1956 | |
| 24c. NAME OF CEMETERY OR CREMATORY Lorimier Cem | | 24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo | |
| DATE REC'D BY LOCAL REG. 11-5-1956 | | REGISTRAR'S SIGNATURE W. E. Eiter | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Brinkopf Howell | | ADDRESS Cape Gir Mo | |

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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..... *W. H. Estes*

Licensed Embalmer No. *356*

P. O. Address *Cape Girardeau*

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.