

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 8 - 1957

State File No.

S. No. 300

V. 10. 48

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>181</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN <u>Sedalia</u> <u>08040</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1718 S. Stewart</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u>			b. (Middle) <u>A.</u>		c. (Last) <u>LUECK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1957</u>		
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>Sept. 16, 1898</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Contracting</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bahner, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Albert Lueck</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Weller</u>			14. NAME OF HUSBAND OR WIFE <u>Evelyn Lueck</u>			
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. <u>496-03-6564</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lawrence A. Lueck, Sedalia, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>9 months +</u>	
19a. DATE OF OPERATION <u>July 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of lung invading mediastinum. 163X</u>						20. AUTOPSY? <u>2</u> 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) (Min.)		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 <u>2 July, 1956</u> , to <u>29 March, 1957</u> , that I last saw the deceased alive on <u>29 March, 1957</u> , and that death occurred at <u>12:03 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ronald C. Proctor M.D.</u>				23b. ADDRESS <u>Sedalia, Mo.</u>			23c. DATE SIGNED <u>10 April 1957</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 1, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-1-57</u>		REGISTRAR'S SIGNATURE <u>Frances Shelby</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter ...</u>		ADDRESS <u>Sedalia, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

541

APR 10 1957

MAY 9 1957

RECEIVED

CERTIFICATE

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 *Russell C. Maag*

Licensed Embalmer No. *4809*

P. O. Address *Sedalia, Mo.*

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.