. Health,
& Welfare
S. Public
h Service

S. 300
v. 1-56

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12075

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cole Camp — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cole Camp, Mo. — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Benton
c. CITY OR TOWN Cole Camp — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 0080 0 (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Anna; Middle Margrete; Last Luetjen

4. DATE OF DEATH: Month May; Day 6; Year 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: April 7, 1882
9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months 0; Days 29
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Cole Camp, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Claus Bruns
14. MOTHER'S MAIDEN NAME: Catherine Goosen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Emma Luetjen — Address: Cole Camp, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Apoplexy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 334X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-30-1957 to 5-6-1957 and last saw her/him alive on 5-6-1957
Death occurred at 6:1-7m m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. Reser (Degree or title) M.D. 0
22b. ADDRESS Cole Camp Mo.
22c. DATE SIGNED 5-9-1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 10, 1957
23c. NAME OF CEMETERY OR CREMATORY: Trinity Lutheran
23d. LOCATION (City, town, or county) (State): Cole Camp, Mo.

24. FUNERAL DIRECTOR ADDRESS: E. L. Eickhoff Cole Camp, Mo.
25. DATE RECD. BY LOCAL REG.: May 9, 1957
26. REGISTRAR'S SIGNATURE: E. H. Eickhoff E. H. Eickhoff Deputy

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E Fox

Licensed Embalmer No. 46

P. O. Address Palo Cam

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