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Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

diseases in Part I. must be causally related. Coroner cannot certify to a death due to natural causes.

FILED MAY 27 1957

STANDARD CERTIFICATE OF DEATH

37010072  
STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LINN, MO.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>WESTPHALIA, MO. 0760</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LINN MANOR REST HOME</b>			Length of stay in lb			d. STREET ADDRESS (If outside, give location)		
3. NAME OF DECEASED (Type or print) <b>ELIZABETH LUEBBERT</b>				4. DATE OF DEATH <b>MAY 12, 1957</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></b>		8. DATE OF BIRTH <b>Oct. 21, 1871</b>		
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>21</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Westphalia, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Henry Ortmeyer</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Henry Luebbert</b>		Address <b>Westphalia, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>							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) <b>arteriosclerotic dementia 4201</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <b>11</b> Month, Day, Year a. m. <b>P.M.</b> p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>5-11-57</b> to <b>5-12-57</b> and last saw her <sup>him</sup> alive on <b>5-12-57</b> . Death occurred at <b>11 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Norman W. Baldwin D.O.</b>				22b. ADDRESS <b>Linn</b>		22c. DATE SIGNED <b>5-15-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/15/57</b>	23c. NAME OF CEMETERY OR CREMATORY. <b>St. Joseph</b>		23d. LOCATION (City, town, or county) (State) <b>Westphalia, Mo.</b>			
24. FUNERAL DIRECTOR <b>Lystra Gull</b>			ADDRESS <b>J C Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 20-1957</b>		26. REGISTRAR'S SIGNATURE <b>T. Schmitz</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No. ....

P. O. Address .....

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.