

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32325**

FILED SEP 19 1957

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OAK GROVE		c. CITY OR TOWN OAK GROVE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30yrs		STREET ADDRESS (If rural, give location) CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY			

3. NAME OF DECEASED a. (First) BETTYE b. (Middle) Eugenie c. (Last) LUECK			4. DATE OF DEATH (Month) (Day) (Year) Aug 30 1957		
5. SEX f-m	6. COLOR OF RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5-17 1884	9. AGE (In years last birthday) 73 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm SCHERLINGER		13b. MOTHER'S MAIDEN NAME MARIE REIGHT		14. NAME OF HUSBAND OR WIFE OTTO LUECK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME John Young ADDRESS Oak GROVE, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) aplastic anemia		
	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 1	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) 2924	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Dec. 1954 to 8-30, 1957; that I last saw the deceased alive on 8-30, 1957 and that death occurred at 9:42 m., from the causes and on the date stated above.

23a. SIGNATURE David Wilkins (Degree or title) MD		23b. ADDRESS Oak Grove Mo		23c. DATE SIGNED 8/31/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 1 1957	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) OAK GROVE Mo	

DATE REC'D BY LOCAL REG. 9-1-1957	REGISTRAR'S SIGNATURE N. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home ADDRESS Oak Grove Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 1957

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 *R B Webb*

Licensed Embalmer No. *23J*

P. O. Address *Blue Springs*

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.