

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036483
STATE FILE NUMBER

FILED OCT 23 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4684

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia 0804
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Neurological Hospital		Length of stay in 1b 1 WK.	d. STREET ADDRESS (If outside, give location) Route 5
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Burnard Lueck			4. DATE OF DEATH Month Day Year 10 - 4 - 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 6, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Pettis County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A		13. FATHER'S NAME Albert Lueck	
13b. MOTHER'S MAIDEN NAME Pauline Weller		14. NAME OF HUSBAND OR WIFE Mabel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 702-1b-0523	17. INFORMANT Address Wife - MRS. MABEL LUECK - SEDALIA, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Rt. L.L.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral atrophy & mental deterioration			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Month, Day, Year a.m. 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. Patented the deceased from 9-27-58 to 10-3-58 and last saw her alive on 10-3-58 Death occurred at 7:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert S. Ferrill MD		22b. ADDRESS 4620 J.C. Nichois Pkwy. K.C. Mo.	22c. DATE SIGNED 10-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-4-58	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) (State) SEDALIA, MO.
24. FUNERAL DIRECTOR ADDRESS Melody, McGilley, Elyar 100 Linwood Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 10-4-58	26. REGISTRAR'S SIGNATURE neva minahall

All diseases in Part I must be causally related.

Robert S. Ferrill USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4684.

Replacement V.
Dr. Terrell will
sign any P.M. of
1:00.
4620 S.E. Nichols
Wet 6190 (20)

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 *Melvin Barton*

Licensed Embalmer No. 4903

P. O. Address KC 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.