

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008813

STATE FILE NUMBER

MAR 23 1959

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

87

300

-57

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1. PLACE OF DEATH a. COUNTY <b>COLE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>COLE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY, MO.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JEFFERSON CITY, MO.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST JOSEPH HOME OF THE AGED</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>ST. JOSEPH HOME OF THE AGED</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>BERNARD LUEBBERT</b>			4. DATE OF DEATH Month Day Year <b>MARCH 19, 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 4, 1880</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <b>79 2 15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Retired Rail Road Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Koeltztown, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Frank Luebbert</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Schafer</b>		14. NAME OF HUSBAND OR WIFE <b>Caroline Schmitz</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>487-10-8498A</b>		17. INFORMANT <b>Hugo Luebbert J C 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>Hypertensive Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic Heart Disease myocardial</b> DUE TO (c) <b>7 yr.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>gangrene of Lt foot.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>14 d</b> <b>7 yr.</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 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. I attended the deceased from <u>March 1952</u> to <u>March 19 1959</u> and last saw him alive on <u>March 18 1959</u> Death occurred at <u>3:00 am</u> <u>3 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>William R. Collier MD</b>			22b. ADDRESS <b>125 E High St Jefferson City, Mo</b>		22c. DATE SIGNED <b>March 20 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/21/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Aloysius</b>		23d. LOCATION (City, town, or county) (State) <b>Argyle, Mo. 1959</b>
24. FUNERAL DIRECTOR <b>Sylvester Dulle</b>		25. DATE RECD. BY LOCAL REG. <b>J C MO. 21 March 1959</b>		26. REGISTRAR'S SIGNATURE <b>R. P. Davis MD JR</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ernestine Dulle* .....  
Licensed Embalmer No. *4321* .....  
P. O. Address *Jefferson City* .....

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.