

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022084

FILED JUL 13 1959

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 621

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford		Length of stay in lb 2 Da.		c. CITY OR TOWN Troy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 551 Kuhne		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ROEA Middle ELLA Last LUELF				4. DATE OF DEATH Month July Day 7 Year 1959						
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-28-1888	9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 5 Days 9 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 Housework		11. BIRTHPLACE (City and state or country) Chain Rocks MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME James Allen Rybolt			13b. MOTHER'S MAIDEN NAME James Mary Jane			14. NAME OF HUSBAND OR WIFE Herman Luelf				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO. 490-44-3600		17. INFORMANT Eileen Renfrow Address Afton 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) Intractable hypotension							INTERVAL BETWEEN ONSET AND DEATH over 12 hr			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarct							approx 36 hr			
DUE TO (c) Arteriosclerotic cardiovascular disease										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. 		Month, Day, Year 								
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>July 6, 1959</u> , to <u>July 7, 1959</u> and last saw her alive on <u>July 7, 1959</u> Death occurred at <u>7:55 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Stephen P. Renfrow (Degree or title)				22b. ADDRESS 370 E. Wood			22c. DATE SIGNED 7/10/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 9, 1959	23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery			23d. LOCATION (City, town, or county) Lincoln County MO.				
24. FUNERAL DIRECTOR D.W. McCay Troy MO ADDRESS				25. DATE RECD. BY LOCAL REG. 7-10-59		26. REGISTRAR'S SIGNATURE Charlotte Seck				

DOCUMENT

Stephen A. Pyle, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JUL 27 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

D. D. McEbo

Licensed Embalmer No. 358

P. O. Address Troy Me

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.