

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026090

FILED JUL 16 1959

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 4312 54

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREEBURG, MO.</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u> c. CITY OR TOWN <u>FREEBURG, MO.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS _____ (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>THEODORE JOHN NEUNER</u>			4. DATE OF DEATH Month Day Year <u>JULY 9, 1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/16/90</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u>	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rich Fountain, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Henry Neuner</u>		13b. MOTHER'S MAIDEN NAME <u>Thresa Eichmeuller</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Lueckenhoff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-01-0137</u>		17. INFORMANT Address <u>Mrs. Theodore Neuner Freeburg, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>metastatic carcinoma lung</u> DUE TO (b) <u>Primary carcinoma unknown location</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>1/25/59 to 7/9/59</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Dyspepsia Mitralis</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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>1-25-59</u> to <u>7-9-59</u> and last saw <u>her</u> alive on <u>6-25-59</u> Death occurred at <u>9:05 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John W. Jefferson MD</u>				22b. ADDRESS <u>Jefferson City, Mo</u>		22c. DATE SIGNED <u>7/13/59</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/13/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holy Family</u>		23d. LOCATION (City, town, or county) <u>Freeburg, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Lyveta Dulle J.C.M.C.</u>		25. DATE RECD. BY LOCAL REG. <u>7-15/59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Lloyd Norton</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6861 8 00V

691 18 1112

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 Sebastian Gulle

Licensed Embalmer No. 4321

P. O. Address Jefferson Ave

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.