

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016555

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. \_\_\_\_\_ Registrar's No. 544

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF **G. A. Lau, M.D.** MEDICAL CERTIFICATION

**FILED JUN 5 1961**

1. PLACE OF DEATH  
 a. COUNTY Buchanan  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp Length of stay in 1b 75 Yrs  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RDF # 5 Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Buchanan  
 c. CITY OR TOWN St. Joseph Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) RFD # 5 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First FRANCES Middle LIEBEL Last LIEBEL  
 4. DATE OF DEATH Month May Day 25 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 4-5-1867 9. AGE (last birthday) 94 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR 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 At Home 11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Adam Voith 13b. MOTHER'S MAIDEN NAME Eva (Not Known) 14. NAME OF HUSBAND OR WIFE George

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. No 17. INFORMANT Maggie Liebel Address R 5 St. Joseph, 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) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH Unknown  
 DUE TO (b) Arterio Sclerosis General Unknown  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 Feb 20, 1961 to May 25, 1961 and last saw her alive on May 25, 1961. Death occurred at \_\_\_\_\_ 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hustar A. Lau M.D. 22b. ADDRESS Kukonick Bldg St. Joseph Missouri 22c. DATE SIGNED May 26, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 27, 1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS H.O. Sidenfaden & Son St. Joseph, Mo. R.d. 4. 25. DATE RECD. BY LOCAL REG. May 26, 1961 26. REGISTRAR'S SIGNATURE Mr. Clark Handell

(Licensed Embalmer's Statement on Reverse Side)

*Lee*

**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 Robert L. Hassebroek, Student Embalmer No. 617

working under my personal supervision.

Student

*Robert L. Hassebroek*  
Signature of Student Embalmer

Signed

*Robert L. Hassebroek*

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.