

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035589

STATE FILE NUMBER

AMENDED

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 5-8

FILED SEP 26 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
a. COUNTY <u>Shelby</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shelbyville, Mo.</u>		Length of stay in 1b <u>3 yrs.</u>		c. CITY OR TOWN <u>Anabel, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant Hill Rest Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Eva Doratheia Luck</u>				4. DATE OF DEATH Month Day Year <u>Sept. 15, 1961</u>									
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-17-1869</u>		9. AGE (last birthday) <u>92</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Macon</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Christain Meisner</u>				13b. MOTHER'S MAIDEN NAME <u>Mary E. Wenig</u>				14. NAME OF HUSBAND OR WIFE <u>Walter T. Luck</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>no</u>		17. INFORMANT Address <u>Lewis Meisner Shelbyville, 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>ARTERIOSCLEROTIC CARDIO-RENAL DISEASE - 3yrs.</u> DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS - 15yrs.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input 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 <u>7:30</u> Month <u>Sept</u> Day <u>15</u> Year <u>1961</u> 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>July 10, 1961</u> to <u>SEPT 15, 1961</u> and last saw her alive on <u>SEPT 5, 1961</u> Death occurred at <u>2:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Degree or title)						22b. ADDRESS <u>Leonaed mo</u>			22c. DATE SIGNED <u>9/15/61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-17-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. Zion Cenetry</u>		23d. LOCATION (City, town, or county) <u>Macon County Missouri</u>							
24. FUNERAL DIRECTOR <u>Greening Funeral Clarence, Mo.</u>				ADDRESS <u>9-22-61</u>		25. DATE RECD. BY LOCAL REG. <u>9-22-61</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>					

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Charles V. Green

Licensed Embalmer No. 4625

P. O. Address Claremont

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.

10-22-0