

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 5 1956

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>5185</u>		Registrar's No. <u>157</u>					
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Cape Girardeau</u>			
b. CITY OR TOWN <u>Cape Girardeau - twsp</u>		c. LENGTH OF STAY (in this place) <u>Several yrs</u>		c. CITY OR TOWN <u>Gordaville</u>		d. If Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #61 North</u>				e. STREET ADDRESS (If rural, give location) <u>None</u>				0160			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) <u>Miesner</u>		c. (Last) <u>Luehring</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Mar 7 1876</u>		9. AGE (In years last birthday) <u>79</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milling</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Henry Luehring</u>			13b. MOTHER'S MAIDEN NAME <u>Miesner</u>		14. NAME OF HUSBAND OR WIFE <u>Augusta</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Luehring</u>				ADDRESS <u>Cape Girardeau</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chylopoie</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>Feb 23 - 1956</u> , to <u>Feb 24 - 1956</u> , that I last saw the deceased alive on <u>Feb 24 - 1956</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>W. H. Ford, M.D.</u>				(Degree or title)				23b. ADDRESS <u>Gordaville, Mo</u>		23c. DATE SIGNED <u>2/25/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb-26-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christ Lutheran</u>		24d. LOCATION (City, town, or county) <u>Gordaville</u>		(State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-26-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ford &amp; Sons Funeral Home</u>		ADDRESS <u>Cape Girardeau, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 6 1936

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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 *William E. Free* .....

Licensed Embalmer No. *473*

P. O. Address *Cape Girardeau* .....

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.