

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1950

State File No. **21456**  
**5562**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b> <b>017,3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Marian Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) <b>Luther</b>	a. (First)	b. (Middle) <b>Daughhete</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>June 23, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 11, 1927</b>	9. AGE (In years last birthday) <b>23</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Service Station</b>	11. BIRTHPLACE (State or foreign country) <b>Poplar Bluff, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Joe Daughhete</b>	13b. MOTHER'S MAIDEN NAME <b>Lola Wren</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-26-5059</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ester Glenn</b>	ADDRESS <b>2343 So. 9th St.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2</b>
	* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Partial Gastrectomy</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 <b>6-23-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Pulmonic Ulcer +</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5450</b>
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22. I hereby certify that I attended the deceased from **May 16, 1950**, to **June 23, 1950**, that I last saw the deceased alive on **June 23, 1950**, and that death occurred at **8:00p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. J. Shelton</b> (Degree or title) <b>0</b>	23b. ADDRESS <b>16 Hampton Village Plaza</b>	23c. DATE SIGNED <b>6-24-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-24-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cochran</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 26 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Parater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William S. [Signature]

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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 this body is not embalmed, fact should be so stated above.