

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16869**
Registrar's No. **2**

No. 300
10.48

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. **363** PRIMARY REG. DIST. NO. **6236**

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Charrette		c. LENGTH OF STAY (in this place) 73 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile E. Dutzow, Mo.		d. STREET ADDRESS (If rural, give location) 1. Mile E. Dutzow, Mo.	

3. NAME OF DECEASED (Type or Print) Eugene W. Louis			4. DATE OF DEATH May 4, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 11/11/1879		9. AGE (in years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain Farm	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Herman Louis	13b. MOTHER'S MAIDEN NAME Mary Krekel	14. NAME OF HUSBAND OR WIFE Francis Louis
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Francis Louis Marthasville Mo. R.P.R.2	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH 2 yr
	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? 151X YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 19 51**, to **May 4 1953** that I last saw the deceased alive on **May 4 1953**, and that death occurred at **6:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. P. Johnson M.D. (Degree or title)	23b. ADDRESS Marthasville Mo	23c. DATE SIGNED 5/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/7/53	24c. NAME OF CEMETERY OR CREMATORY St. Vincents Cemetery	24d. LOCATION (City, town, or county) (State) Dutzow, Missouri
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DATE REC'D BY LOCAL REG. 5/7/53	REGISTRAR'S SIGNATURE E. P. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE H. F. Liebman	ADDRESS Marthasville, Mo.
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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
Student Embalmer

Signed Rebmont F. Lichtenberg.

Licensed Embalmer No. 4318

P. O. Address Larthasville, 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.