

National Office of Vital Statistics  
FILED JUL 15 1948

State File No. ....

Registration District No. 32

Primary Registration District No. 3006

Registrar's No. 181

## 1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 711 Missouri Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 39 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LUCINDA CATHERINE WHEAT3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Wheat 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased 11 - 25 - 1864  
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 7 If less than one day hr. min.9. Birthplace Adams County Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name George Washington Coley13. Birthplace N. Carolina  
(City, town, or county) (State or foreign country)14. Maiden name Mary Jane VanDyke15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)16. (a) Informant Miss Gladys Wheat(b) Address 711 Missouri Ave., Columbia, Mo.17. (a) Removal (b) Date thereof 7-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lee's Summit, Missouri18. (a) Signature of funeral director Parsons Funeral Service(b) Address Columbia, Mo.19. (a) 7-2-48 (b) Mrs. R.E. Palmer  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town 711 Columbia Ave.  
(If outside city or town limits, write "RURAL")

(d) Street No. 711 Missouri Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2  
year 1948 hour 4 minute A. M.21. I hereby certify that I attended the deceased from June 29  
1948 to June 29 1948  
that I last saw her alive on June 29 1948  
and that death occurred on the date and hour stated above. DurationImmediate cause of death Chronic valvular heart diseaseDue to Chronic valvular heart diseaseOther conditions 9  
(Include pregnancy within 3 months of death)Major findings: A.D.Of operations: A.D.Of autopsy: A.D.

## PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work Parsons Funeral Service23. Signature Chronic valvular heart disease (M. D. or other) MDAddress Chronic valvular heart disease Date signed 7/2/48

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed JUL 14 1948

MAR 3 1954

JAN 5 1954

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *M. S. Whitesides*  
Licensed Embalmer No. *3893*  
P. O. Address *Columbia 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.