

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u>				c. LENGTH OF STAY (in this place) <u>12 DAYS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WABASH RAILROAD EMPLOYEES' HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u>			b. (Middle)		c. (Last) <u>LUCAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 28 1949</u>
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Apr. 27 1881</u>	
9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Days <u>10</u>		11. IF UNDER 24 HRS. Hours <u>1</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION LABORER - WABASH RAILROAD COMPANY</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED AT PRESENT</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>William Lucas</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Chitwood</u>			14. NAME OF WIFE <u>ADA A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>703-01-1480</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ada Lucas</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CORONARY OCCLUSION WITH MYOCARDIAL INFARCTION</u>			
				ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
				DUE TO (b) <u>CORONARY ARTERIO SCLEROSIS.</u>			
				DUE TO (c) <u>1130</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>ACUTE RIGHT PNEUMONITIS</u>			
19a. DATE OF OPERATION <u>NO OPERATION</u>		19b. MAJOR FINDINGS OF OPERATION <u>NO OPERATION</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		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) (m.)		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>FEBRUARY 16, 1949</u> , to <u>FEBRUARY 28, 1949</u> , that I last saw the deceased alive on <u>FEBRUARY 28, 1949</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>WABASH RAILROAD EMPLOYEES' HOSPITAL, MOBERLY, MISSOURI</u>		23c. DATE SIGNED <u>FEB 28 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Near Excello. Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-2-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephen G Gooding</u>		ADDRESS <u>Macon. Mo</u>	

MAY 18 1949

DEC 16 1949

RECEIVED  
District Health Officer No. 10  
District File Number 3-49-41  
MAR 7 - 1949

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 G. J. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Ga

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.