

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAR 30 1949 STANDARD CERTIFICATE OF DEATH

State File No. 9163
 Registrar's No. 3

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4311

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callo, Mo</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Celia</u> b. (Middle) <u>Frances</u> c. (Last) <u>Lucas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 19 1949</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 9 1859</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR: Months <u>10</u> Days <u>10</u>	IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</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>Wilson R. Green</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kitchen</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lannie Walters</u>	ADDRESS <u>Callo, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		<u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		<u>"</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>692A</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Feb. 2, 1949, to Feb 17, 1949, that I last saw the deceased alive on Feb 17, 1949, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Purdin</u>	(Degree or title)	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>2/23/49</u>
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24a. BURIAL, CREMATION, RENOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Salem Cemety</u>	24d. LOCATION (City, town, or county) (State) <u>Excelllo Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-26-49</u>	REGISTRAR'S SIGNATURE <u>Joseph Kinross King</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens & Goodding</u>	ADDRESS <u>Macon</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 1

District File Number 3.49.5

Date Filed MAR 29 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 O. L. Stephens.....

Licensed Embalmer No. 3057.....

P. O. Address Maen 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.