

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41709
State File No.

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

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3242 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICK TOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICK TOWN</u>	
c. LENGTH OF STAY (in this place) <u>15 years</u>		d. STREET ADDRESS (If rural, give location) <u>408 SALINE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>408 SALINE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 17 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>MORGAN</u> c. (Last) <u>LUCKEY</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 29, 1868</u>	
9. AGE (In years last birthday) <u>81</u>		10. 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>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Joseph DUNN</u>	
13b. MOTHER'S MAIDEN NAME <u>ELIZA MORGAN</u>		14. NAME OF HUSBAND OR WIFE <u>MUNSON D. LUCKEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R.H. LESLIE</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>	
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) <u>Uremia</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>embosism of liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General heart lesions</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 <u>12/9</u> , 19 <u>49</u> , to <u>Dec. 17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>DEC. 17</u> , 19 <u>49</u> , and that death occurred at <u>1:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Henry Borron M.D.</u>		23b. ADDRESS <u>Fredericktown Mo</u>	
23c. DATE SIGNED <u>12-17-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>12-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DEXTER CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>DEXTER, MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>12-17-1949</u>	
REGISTRAR'S SIGNATURE <u>Therese Ficker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S.C. Orcroft</u>	
ADDRESS <u>187</u>		ADDRESS <u>Fredericktown Mo</u>	

RECEIVED 12-22-49

Health Officer No. 4
Lic. No. 1249-1678
Date

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 *Gene C. Crawford*

Licensed Embalmer No. 4327

P. O. Address *Jackson, 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.