

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11676

State File No. _____

FILED APR 5 1950

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4513 Registrar's No. 7

1650

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

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Castle		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Green Castle 1650	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green Castle			

3. NAME OF DECEASED (Type or Print) Eugene Lucus			4. DATE OF DEATH March 28, 1950		
a. (First)	b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 19, 1867		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (State or foreign country) Iowa	
				12. CITIZENRY OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Lucus		13b. MOTHER'S MAIDEN NAME Sarah Phillips		14. NAME OF HUSBAND OR WIFE Minnie B. Lucus	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME E. P. Ramsey ADDRESS Green Castle	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Chronic Obstructive Pulmonary Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 10 years
					4214

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 March 24, 1950 to March 28, 1950 that I last saw the deceased alive on March 24, 1950, and that death occurred at 1 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. H. Garrison M.D. (Degree or title)		23b. ADDRESS Younger Mo.		23c. DATE SIGNED March 28-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 30, 1950		24c. NAME OF CEMETERY OR CREMATORY Green Castle Cem.		24d. LOCATION (City, town, or county) (State) Green Castle, Mo.	
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DATE REC'D BY LOCAL REG. Apr. 1, 1950		REGISTRAR'S SIGNATURE Laura Batlett 415		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent ADDRESS Green City, Mo.	
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RECEIVED APR 3 1950
District Health Officer No. 1
District File Number 4-50-58
Date Filed APR 3 1950

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.