

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33928

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		d. STREET ADDRESS (If rural, give location) <u>805 Ridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>805 Ridge</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beulah</u> b. (Middle) <u>Edith</u> c. (Last) <u>Lucas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 17, 1902</u>	9. AGE (In years last birthday) <u>48</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>1</u>
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 -----		11. BIRTHPLACE (State or foreign country) <u>Morse Mill, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Hardin Blake</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Graham</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis Lucas</u>
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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Lucas</u>
		ADDRESS <u>Festus, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest Pending</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>BY DROWNING IN HER OWN BLOOD</u>		
	DUE TO (c) <u>GUNSHOT WOUNDS OF NECK &amp; CHEST (supp. report)</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Festus Jefferson Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-18-50 7P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Gunshot wound</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Daniel J. Mahan</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Mo. St. Mo.</u>	23c. DATE SIGNED <u>10/20/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/21/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Memorial Park</u>
24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Eleazar Bonine</u> ADDRESS <u>Festus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-21-50</u>	REGISTRAR'S SIGNATURE <u>Eleazar Bonine</u>	444

(Licensed Emballer's Statement on Reverse Side)

No. 300  
10.48

501

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

JAN 5 1951

NOV 7 1950

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 10-27-50

DEPT. OF HEALTH  
HILLSBORO, MO.  
NOV 16 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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Donald H. Vinyard*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4608*

P. O. Address *Festus, 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.