

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36439

5720  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEVER</u>	c. LENGTH OF STAY (In this place) <u>46 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLEVER</u> <u>0220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>N. MAIN ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERIN</u> b. (Middle) <u>LEMARIA</u> c. (Last) <u>LUCE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 24 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>AUG. 3-1871</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days 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>—</u>	11. BIRTHPLACE (State or foreign country) <u>LAMPASAS TEXAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>GEORGE KITTLE</u>	
13b. MOTHER'S MAIDEN NAME <u>MOLLIE MARTIN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN T. LUCE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>KYLE LUCE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>150A</u>		17. ADDRESS <u>CLEVER, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>150A</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>			
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)	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>June</u> , 1950, to <u>October</u> , 1950, that I last saw the deceased alive on <u>Oct 24</u> , 1950, and that death occurred at <u>7:15 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Karl Leidinger Jr. M.D.</u>		23b. ADDRESS <u>Clever, Mo.</u>	23c. DATE SIGNED <u>10-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-25-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WISE HILL</u>	24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN MO.</u>
DATE REC'D BY LOCAL REG. <u>10-25-50</u>	REGISTRAR'S SIGNATURE <u>Alline Dyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>	
		ADDRESS <u>Clever, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 4 1950

Dist. File 1150-2228

Date Filed 11-14-50

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.

Signed John Dean Harris

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Cleary, 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.