

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4603</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		2398	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BRIGHTON HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>3016 EAST 27<sup>TH</sup> STREET</u>			
3. NAME OF DECEASED (Type or Print) <u>GIRARDEN</u>		a. (First) <u>GIRARDEN</u>		b. (Middle) <u>D.</u>		c. (Last) <u>LUCAS</u>	
4. DATE OF DEATH <u>NOV-1-1950</u>		4. DATE (Month) (Day) (Year)		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR-20-1899</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIPE FITTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JACKSON PLUMBERY</u>		11. BIRTHPLACE (State or foreign country) <u>CHEROKEE, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES E. LUCAS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HOWICK</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. EVA LUCAS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>285-01-9090</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EVA LUCAS</u> ADDRESS <u>3016 EAST 27<sup>TH</sup> ST. KANSAS CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>  ANTECEDENT CAUSES 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>151<sup>st</sup></u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach - gastric resection</u>				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)		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>Nov</u> , 19 <u>49</u> , to <u>Nov 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 23</u> , 19 <u>50</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry C. Wall</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>205 Maple Bldg.</u>		23c. DATE SIGNED <u>Nov 1, 1950</u>	
24a. BURIAL CREMATION (REMOVAL) <u>BURIAL</u>		24b. DATE <u>NOV-2-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHEROKEE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHEROKEE, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>11-1-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FILED NOV 18 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.....

*Bernard L. Hoffman*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4250

P. O. Address N.C. Md

**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.