

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40843

State File No. \_\_\_\_\_

5167

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City, Mo</b>		c. LENGTH OF STAY (In this place) <b>non-resident</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence, Missouri</b>		d. STREET ADDRESS (If rural, give location) <b>109 South Pendelton</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>In Street 66th Terr &amp; Oak</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mr Guy</b> b. (Middle) <b>Dewey</b> c. (Last) <b>Lucas</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 7-1950</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-21-1901</b>		9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Decorator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Contractor</b>		11. BIRTHPLACE (State or foreign country) <b>Pontiac Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Charles B. Lucas</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth McCuller</b>		14. NAME OF HUSBAND OR WIFE <b>Alma Lucas</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-12-18320</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alma Lucas</b>		ADDRESS <b>109 So Pendelton Indep Mo</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary heart disease</b>  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  <b>4 1/2</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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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 <b>Geo. C. Kealhofer</b> (Degree or title) <i>Geo C Kealhofer Dist. Deputy Coroner</i>		23b. ADDRESS <b>4050 Broadway N.C. Mo</b>		23c. DATE SIGNED <b>12-7-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-7-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Colony</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas</b>	
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DATE REC'D BY LOCAL REG. <b>12-7-50</b>		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>France-Wornall Funeral Home</b>		ADDRESS <b>N.C. Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*Russell N. France*

Signed.....

Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address *K. C. 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.