

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 13647  
Registrar's No. 209

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6032</u>		Registrar's No. <u>209</u>			
1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Doniphan Twp.</u>		c. LENGTH OF STAY (In this place) <u>5 years.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Doniphan Twp.</u>		0910			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>5 mi. East of Doniphan, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi. East of Doniphan, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>			b. (Middle) <u>Martin</u>		c. (Last) <u>Lukasik.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1951.</u>		
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>August 13, 1890.</u>			
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Packing.</u>		11. BIRTHPLACE (State or foreign country) <u>Poland.</u>			
11. BIRTHPLACE (State or foreign country) <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Lukasik.</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Banaszak.</u>			
13b. MOTHER'S MAIDEN NAME <u>Josephine Banaszak.</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Lukasik.</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>323-05-6175</u>			
16. SOCIAL SECURITY NO. <u>323-05-6175</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clifford Lukasik</u>		17. INFORMANT'S SIGNATURE OR NAME <u>1371 Doniphan, Mo.</u>		ADDRESS			
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>Cerebral Hemorrhage.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4-20-51</u>	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (b) _____				DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X			
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) (Min.)		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>1-1, 1951</u> , to <u>4-21, 1951</u> , that I last saw the deceased alive on <u>4-20, 1951</u> , and that death occurred at <u>6 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Clifford O. Johnson</u> (Design of title) <u>MA</u>				23b. ADDRESS <u>Doniphan Mo.</u>		23c. DATE SIGNED <u>4-23-51.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial #1</u>		24b. DATE <u>April 25, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pulaski Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-23-51</u>		REGISTRAR'S SIGNATURE <u>E. W. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means</u>		ADDRESS <u>Doniphan, Mo.</u>			

(Licensed Embellisher's Statement on Reverse Side)

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

910  
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RECEIVED

MAY 12 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

MAY 14 1951

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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

*Ray Means*

Signed.....

Student Embalmer

.....  
Licensed Embalmer No. 3743

P. O. Address Danipham, 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.