

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 2 1951 STANDARD CERTIFICATE OF DEATH

State File No. 17385

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Moniteau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walker		c. LENGTH OF STAY (in this place) 20 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walker		d. STREET ADDRESS (If rural, give location) California, Mo Rt # 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION California, Mo Rt # 4				d. STREET ADDRESS (If rural, give location) California, Mo Rt # 4			
3. NAME OF DECEASED (Type or Print) Gale Lavene Luce			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 26 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 19, 1924	
9. AGE (In years last birthday) 26		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None invlid for Life		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 26	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Theodore Luce		13b. MOTHER'S MAIDEN NAME Maude Luce		14. NAME OF HUSBAND OR WIFE L.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Godsey K.C. Mo.			
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) Pulmonary Lobes 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490x				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Walker		21d. COUNTY STATE Mo	
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 May 1, 1951, to May 26, 1951, that I last saw the deceased alive on May 24, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.							
23a. SIGNATURE D. H. Baines L.O.				23b. ADDRESS California		23c. DATE SIGNED 5/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/27/1951		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo	
DATE REC'D BY LOCAL REG. 5-26-51		REGISTRAR'S SIGNATURE H. R. Popsyoy m. s. o		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl Bouslin California			

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

RECEIVED 6-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-1-51 _____

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.....
Student Embalmer

Signed Earl R. Bonkin

Licensed Embalmer No. 2126

P. O. Address California

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.