

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13709**

No. 500
10-48

FILED APR 21 1952

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5852 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood (Jackson TS)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood (rural) Jackson T.S.	
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location) 8740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Francis	b. (Middle) Merion	c. (Last) Lucas	4. DATE OF DEATH (Month) (Day) (Year) 4 - 14 - 52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 30, 1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) New Hope, Tennessee	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME SOLOMAN LUCAS	13b. MOTHER'S MAIDEN NAME MARY JANE TUNNELL	14. NAME OF HUSBAND OR WIFE ALICE DYKES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME A. M. Lucas	ADDRESS Ravenwood
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) flu		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) (m.)	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 4-2, 1952, to 4-14, 1952, that I last saw the deceased alive on 7-12, 1952, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE B. J. Foster (Degree or title)	23b. ADDRESS Marionville, MO	23c. DATE SIGNED 4-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-16-52	24c. NAME OF CEMETERY OR CREMATORY Braddyville Cemetery	24d. LOCATION (City, town, or county) (State) Braddyville, Iowa
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DATE REC'D BY LOCAL REG. 4-19-52	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Stevenson Mue. Co.	ADDRESS Co. 3 2nd St. Marionville
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(Licensed Embalmer's Statement on Reverse Side)

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

140
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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

L. M. Stevenson

Signed.....
Student Embalmer

Licensed Embalmer No. 1727

P. O. Address College Springs, Ia.

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.