

FILED JUN 20 1952

## STANDARD CERTIFICATE OF DEATH

State File No. 21132

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>173</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MARION</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		<u>1644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 SMITH ST.</u>				d. STREET ADDRESS (If rural, give location) <u>420 SMITH ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OVID</u> b. (Middle) <u>LEE</u> c. (Last) <u>LUCKETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-9-1952</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>11-22-1894</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD ENGINEER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>LOUISIANA MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>BENJAMIN F. LUCKETT</u>			13b. MOTHER'S MAIDEN NAME <u>MARY GARDNER</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW NOT.</u>		16. SOCIAL SECURITY NO. <u>707096436</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lynne Luckett</u> ADDRESS <u>Hannibal 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>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous attack</u> 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 <u>1 yr ago</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420</u>					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) _____ (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>June 1</u> , 19 <u>52</u> , to <u>June 9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 1</u> , 19 <u>52</u> , and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ruby Glancy</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>6/10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-12-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>		24d. LOCATION (City, town, or county) <u>HANNIBAL, MO.</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>6/11/52</u>		REGISTRAR'S SIGNATURE <u>WEM Lucke Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark - Hannibal, Mo</u> ADDRESS _____			

184-D (Licensed Embalmer's Statement on Reverse Side)

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

1644  
1

JUN 17 1952

RECEIVED

MAMION CO. HEALTH DEPT.

DATE FILED JUN 19 1952

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.....

*Ralph Clark*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ralph Clark*

Licensed Embalmer No. *4217*

P. O. Address *Stannards, 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.