

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4770

State File No.

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>929 East 7th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Co. Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Holten</u>	b. (Middle) <u>Thomas</u>	c. (Last) <u>Lucas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1953</u>
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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>Apr 11 18, 1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deliveryman, Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocery</u>	11. BIRTHPLACE (State or foreign country) <u>Shelbina Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William Samuel Lucas</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Anne Barker</u>	14. NAME OF HUSBAND OR WIFE <u>Inez E. Lucas</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-05-9178</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. T. Lucas, Lamar, Missouri</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>years.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential systemic Hypertensive Cardio-Vascular disease - Heart block.</u>		
	DUE TO (c) <u>uremia</u>		
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 <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Feb 1952 to Feb 6, 1953 that I last saw the deceased alive on 2/6/53, and that death occurred at 2:27 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alvin R. Cain M.D. Lamar, Mo.</u>	23b. ADDRESS	23c. DATE SIGNED <u>2/7/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>FEB 9 1953</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	14-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence M. Child</u>	ADDRESS <u>Lamar, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0061

0061

Ch. Co.

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.....

Clarence W. Chiles

Signed.....

Student Embalmer

Licensed Embalmer No. *3473*

P. O. Address *Small 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.