

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13340**

BIRTH NO. **FILED MAY 11 1953** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **532**

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

1. PLACE OF DEATH a. COUNTY Buchanan			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 St. Joseph		c. LENGTH OF STAY (In this place) 8yr-8mo-22da	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clyde - Rural		0740
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2			d. STREET ADDRESS (If rural, give location) RR		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) GEORGE	c. (Last) LUKE	4. DATE OF DEATH (Month) (Day) (Year) May 1, 1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 19, 1895	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months 10 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Clyde, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Luke		13b. MOTHER'S MAIDEN NAME Elizabeth unk.		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alphonse Luke, Clyde, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH sudden
			ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Sclerotic changes		recent
			DUE TO (c)		
			II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Moron high type		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 33/X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 May 1, 1953 to May 1, 1953 that I last saw the deceased alive on May 1, 1953 , and that death occurred at 4:20P m. , from the causes and on the date stated above.					
23a. SIGNATURE (Deceased or title) G. E. Allison M.D.			23b. ADDRESS State Hospital #2, City		23c. DATE SIGNED 5-1-53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE May 1, 1953	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Stanberry, Mo.	
DATE REC'D BY LOCAL REG. May 9, 1953	REGISTRAR'S SIGNATURE Kather M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Bowman Funeral Home St. Joseph, Mo.		

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 _____

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James P. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. J.

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.