

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13385**  
Registrar's No. **476**

BIRTH NO. **APR 27 1953** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5130**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rush Twp - Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Rushville</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route # 2 0118</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Rural Route # 2 Rushville</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucetta</b> b. (Middle) <b>Caroline</b> c. (Last) <b>Jones</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 20 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>June 10, 1865</b>		9. AGE (In years last birthday) <b>87</b>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Clarence S. Ames</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Raleigh</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>	
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Jones Rushville, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Chronic myocarditis</b>		<b>2 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity 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.		<b>None</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>No surgery</b>		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) <b>4222</b>	
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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 **4-10**, 19**51** to **4-20**, 19**53** that I last saw the deceased alive on **4-19**, 19**53** and that death occurred at **9:00 AM** from the causes and on the date stated above.

23a. SIGNATURE <b>A. Whitaker M.D.</b> (Degree or title)		23b. ADDRESS <b>Atchison Kan</b>		23c. DATE SIGNED <b>4-22-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/20/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sugar Creek Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Rushville Missouri</b>	

DATE REC'D BY LOCAL REG. <b>April 25, 1953</b>		REGISTRAR'S SIGNATURE <b>Cather M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. M. Dyer Atchison, Kan.</b>	
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No. 300 10.48  
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Licensed Embalmer No. 04320

P. O. Address Atchison, 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.