

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14958

State File No.

FILED MAY 6 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 41

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Macon Mo.</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>6 Mon</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> <u>0611</u>		d. STREET ADDRESS (If rural, give location) <u>205 Duff</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ZOS Duff.</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Lucas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Nov. 23, 1859</u>	9. AGE (In years last birthday) <u>93</u>	10. UNDER 1 YEAR Months <u>0</u>	11. UNDER 1 MO. Days <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sturgeon Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		

13a. FATHER'S NAME <u>James Black</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Gee</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased.</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> <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms. Lillian Cromwell, Macon Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>—</u>	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of right lower extremities</u>	DUE TO (b) <u>Arteriosclerosis</u>					Several years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Fracture of the neck of left Femur.</u>					6 mos.
II. OTHER SIGNIFICANT CONDITIONS <u>Fracture of the neck of left Femur.</u>	Conditions contributing to the death but not related to the disease or condition causing death.					6 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4501 F</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 9-18 1951, to 4/14/ 1953 that I last saw the deceased alive on 4/4 1953, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. L. Durdin</u>	23b. ADDRESS <u>Macon Mo</u>	23c. DATE SIGNED <u>4/16/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem</u>	24d. LOCATION (City, town, or county) (State) <u>Excels. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/20/53</u>	REGISTRAR'S SIGNATURE <u>Fith Mcweely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Hutton</u>	ADDRESS <u>Macon Mo.</u>
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RECEIVED 5. 4. 63
MACON COUNTY HEALTH DEPARTMENT
County File No. 55389
Date Filed 5. 5. 63

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.