

XC-829 3324

RN-4203

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17209

BIRTH NO. 27 1952 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Butler 0124</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		d. STREET ADDRESS (If rural, give location) <u>427 N. Walnut St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLEN</u>			b. (Middle) <u>B.</u>		c. (Last) <u>LUCAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1953</u>
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-23-20</u>		9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Florist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Floral Shop</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ava, Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Lucas</u>			13b. MOTHER'S MAIDEN NAME <u>Cecil Burlingame</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Lucas</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO. <u>496-18-6853</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA Hospital Records, Poplar Bluff, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor, brain, astrocytoma, grade III frontoparietal, right</u>					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>193X</u>				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 <u>VA</u> attended the deceased from <u>May 6</u> , 19 <u>53</u> , to <u>May 12</u> , 19 <u>53</u> , and that death occurred at <u>3:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry Price</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>VAH, Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>5-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/15/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL GARDENS</u>		24d. LOCATION (City, town, or county) (State) <u>POPLAR BLUFF MO</u>		
DATE REC'D BY LOCAL REG. <u>5/15/53</u>		REGISTRAR'S SIGNATURE <u>W H Thimet</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STRICKLAND-KANEY DEXTER MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 25 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

MAY 27 1953

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. _____

P. O. Address _____

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.