No. 300
10-48

FILED MAY 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17528

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 35

310
1

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

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallatin
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gallatin 0310
d. STREET ADDRESS (If rural, give location): --- 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): Ward
c. (Last): Lukehart

4. DATE OF DEATH (Month) (Day) (Year): May 3 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: Aug. 11 1896
9. AGE (In years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General Labor
11. BIRTHPLACE (City and State or Foreign Country): Gallatin Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Lukehart
13b. MOTHER'S MAIDEN NAME: Maude Rogers
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 493-12-9006
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Garland Lukehart, Oskaloosa Ia.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) virus pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute Bronchitis + asthma, + edema of
DUE TO (c) lungs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ulcers of Stomach

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 492X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5 1950, *to* May 3, 1953, *that I last saw the deceased alive on* May 3, 1953, *and that death occurred at* 11:08A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hw. Barley Ard 2
23b. ADDRESS: Gallatin, Mo
23c. DATE SIGNED: 5/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-6-53
24c. NAME OF CEMETERY OR CREMATORY: Rogers Cemetery
24d. LOCATION (City, town, or county) (State): Gallatin, Mo.

DATE REC'D BY LOCAL REG.: 5-12-53
REGISTRAR'S SIGNATURE: Virginia M. Engelhart 81-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: L. O. Richesson — Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 L. D. Richesson

Licensed Embalmer No. 3302

P. O. Address Fallatin, 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.