

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20455

FILED JUN 9 1953

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 27

1031
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Stoddard</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) <u>Dexter,</u>	c. LENGTH OF STAY (In this place) <u>11 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township): <u>Dexter, Mo. 1031</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Albert</u> c. (Last) <u>Lukes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June, 6, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April, 6, 1864</u>	9. AGE (In years last birthday) <u>85</u> If under 1 year: Months Days If under 12 hrs: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>Unknown Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Lyman Lukes</u>	13b. MOTHER'S MAIDEN NAME <u>Annie ZXXXX</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Lukes 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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Duncan</u>	ADDRESS <u>Dexter, Mo. R. 3</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 MONTH</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF INGUINAL GLANDS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 MONTH</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF PROSTATE</u> 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>177X</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) (m.)	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 JAN 2, 1953, to JUNE 2, 1953, that I last saw the deceased alive on JUNE 2, 1953, and that death occurred at 6:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Paul</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Dexter, Mo</u>	23c. DATE SIGNED <u>6-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6.7.53.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Van Buren, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-7-53</u>	REGISTRAR'S SIGNATURE <u>Velma J. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Service</u>	ADDRESS <u>Dexter, Mo</u>
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(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 Marsh Wathers

Licensed Embalmer No. 4717

P. O. Address Sevier, 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.