

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36531**

BIRTH NO. **FILED OCT 26 1953** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **357**

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) LANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) LANNIBAL	
c. LENGTH OF STAY (in this place) 1 DAY		d. STREET ADDRESS (If rural, give location) #20 SMITH ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) JANE c. (Last) LUCKETT		4. DATE OF DEATH (Month) (Day) (Year) 10-16-1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5-7-1895
9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR: Months 7 Days 8	
10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) LOUISIANA, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Wm. GARDNER		13b. MOTHER'S MAIDEN NAME FRANCES MINOR BENJAMIN F. LUCKETT		14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Union L. Lockett - Lannibal	
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			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute nephritis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart failure		
DUE TO (c) Diabetes mellitus		
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 260X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 attended the deceased from **10/16**, 19**53**, to **10/16**, 19**53**, that I last saw the deceased alive on **10/16**, 19**53**, and that death occurred at **3:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE R M Strong (Degree or title) M.D.		23b. ADDRESS 115 N 5th St		23c. DATE SIGNED 10/17/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-19-1953		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEM.	
24d. LOCATION (City, town, or county) (State) Lannibal, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Roger Clark - Lannibal, MO			
DATE REC'D BY LOCAL REG. 10-19-1953		REGISTRAR'S SIGNATURE Dr. C. M. Luebel by W. C. Fisher		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

9. 300
0. 48

RECEIVED _____

MARION CO. HEALTH DEPT.

DATE FILED _____

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 _____

Ralph Clark

Licensed Embalmer No. *4217*

P. O. Address *Harrison, 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.