S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1953

State File No. 43905

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5957 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Prairieville
c. LENGTH OF STAY (In this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 Miles North of Eolia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Prairie Ville 0820
d. STREET ADDRESS (If rural, give location): 8 Miles North of Eolia

3. NAME OF DECEASED (Type or Print)
a. (First): Samual
b. (Middle): H.
c. (Last): Luckett

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 27, 1888
9. AGE (In years last birthday): 65
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pike County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Luckett
13b. MOTHER'S MAIDEN NAME: Amelia Inlow
14. NAME OF HUSBAND OR WIFE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: ___
17. INFORMANT'S SIGNATURE OR NAME: Cora Laird
ADDRESS: Clarksville, Mo

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) Gunshot wound in abdomen — 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: none
19b. MAJOR FINDINGS OF OPERATION: E976 X
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Eolia (COUNTY): Pike (STATE): Mo
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 ___, 19___, to ___, 19___, that I last saw the deceased alive on Dec 11, 1953, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE: J. C. Wild (Degree or title): Coroner
23b. ADDRESS: Bowling Green Mo
23c. DATE SIGNED: Dec. 11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 12, 1953
24c. NAME OF CEMETERY OR CREMATORY: Baptist Cemetery
24d. LOCATION (City, town, or county) (State): Eolia, Mo.

DATE REC'D BY LOCAL REG.: 12/18/53
REGISTRAR'S SIGNATURE: Linda Richard
25. FUNERAL DIRECTOR'S SIGNATURE: McCue Funeral Service
ADDRESS: Eolia, Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1958

DEC 29 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed George O. Wagner

Signed.....
Student Embalmer

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.