

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13055

BIRTH NO. _____		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 40.			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE Mo. b. COUNTY St. Charles					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon Rural			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon Rural			0920		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) Phyllis			a. (First)	b. (Middle) A.	c. (Last) Luckett	4. DATE OF DEATH (Month) (Day) (Year) April 3 1954			
5. SEX Female	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 20 1865		9. AGE (In years last birthday) 88	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Foristell Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Not known			13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Geo. Luckett 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Howard Morris, O'Fallon 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial failure DUE TO (c) Hypertension + Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abdominal tumor & ascites				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 447X					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) m.		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 Dec 2, 1953, to April 3, 1954, that I last saw the deceased alive on March 31, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harold R. Mansard			23b. ADDRESS Do. 2 O'Fallon, Mo			23c. DATE SIGNED Apr 4, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-6-54	24c. NAME OF CEMETERY OR CREMATORY Foristell Cem.		24d. LOCATION (City, town, or county) (State) Foristell Mo.				
DATE REC'D BY LOCAL REG. April 5 54		REGISTRAR'S SIGNATURE E.A. Keethy 280-0		25. FUNERAL DIRECTOR'S SIGNATURE E.A. Keethy		ADDRESS O'Fallon Mo.			

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.....

*E. K. Keithly*

Signed.....  
Student Embalmer

Licensed Embalmer No. 877

P. O. Address Dallas 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.