

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19700

State File No. ....

BIRTH NO. .... REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie</u>		c. CITY OR TOWN <u>East Prairie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> NO <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>49 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>06710</u>	
3. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>LUCAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1954</u>	
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>Jan - 2 - 1879</u>
9. AGE (If years last birthday) <u>75</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Crittendon Co., Ky.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Robert Perry Lucas</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Helen King</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Mitchell Lucas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u> <u>unk</u>		16. SOCIAL SECURITY NO. <u>499-10-4354</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carleton Lucas</u> ADDRESS <u>East Prairie</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Mouth</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Asorbid 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		19b. MAJOR FINDINGS OF OPERATION		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) <u>East Prairie Mo</u>	
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 Sept 1, 1953, to June 13, 1954 that I last saw the deceased alive on June 13, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Martin M.D.</u> (Degree or title)		23b. ADDRESS <u>East Prairie</u>		23c. DATE SIGNED <u>6-25-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doanwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mississippi Co., Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-28-54</u>		REGISTRAR'S SIGNATURE <u>Gertrude S. Harper</u>		GENERAL DIRECTOR'S SIGNATURE <u>Wavis Shelby</u> ADDRESS <u>East Prairie, Mo</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

JUN 30 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JUL 1 1954

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.....  
Signature of Student Embalmer

Signed *Travis Shelby*

Licensed Embalmer No. 275

P. O. Address East Pr...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.