

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28247

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5715 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Rural Hudson</u>		c. CITY OR TOWN <u>Macon</u>	
c. LENGTH OF STAY (in this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake View R. Home.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Claud</u> b. (Middle) <u>Oval</u> c. (Last) <u>Lucas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Nov. 17, 1899</u>		9. AGE (In years last birthday) <u>54</u>		10. UNDER 1 YEAR Months Days	
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>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S. P.</u>	

13a. FATHER'S NAME <u>John A. Lucas</u>		13b. MOTHER'S MAIDEN NAME <u>Ava. Walters</u>		14. NAME OF HUSBAND OR WIFE <u>Single</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>Leonard Lucas</u> ADDRESS <u>Macon, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>coronary arteriosclerosis</u> DUE TO (c) <u>obesity- chronic nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>592 X</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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Aug. 10, 1954, to Aug. 26, 1954, that I last saw the deceased alive on Aug. 26, 1954, and that death occurred at 7:19 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. L. Burdick D.O.</u> (Degree or title)		23b. ADDRESS <u>124 1/2 No. Ruby.</u>		23c. DATE SIGNED <u>8/31/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 29, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Excello Mo</u>	
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DATE REC'D BY LOCAL REG. <u>8/30/54</u>		REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u> 185		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Dutton</u> ADDRESS <u>Macon, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0610 +

SEP 9 1954

RECEIVED 9.4.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.64.142
Date Filed 9.7.54

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.