No. 300
10.48

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41429

BIRTH NO. 88999-54 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 599

195

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 408 E. 6th 0493

3. NAME OF DECEASED (Type or Print)
a. (First): Bobby
b. (Middle): Joe
c. (Last): Lucas

4. DATE OF DEATH (Month) (Day) (Year): 12-15-1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 12-10-1954
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 5; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Mc Cune Brooks Carthage, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lee William Lucas
13b. MOTHER'S MAIDEN NAME: Alberta Gouty
14. NAME OF HUSBAND OR WIFE: None

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 ADDRESS: Lee William Lucas Carthage, 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) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforation of Cecum — 36 hrs
DUE TO (c) Intestional Obstruction — 96 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 5705

19a. DATE OF OPERATION: 12-15-54
19b. MAJOR FINDINGS OF OPERATION: Peritonitis, Perforation of Cecum
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 12-15, 1954, that I last saw the deceased alive on 12-15, 1954, and that death occurred at 2:45P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V Dale Alquist MD
23b. ADDRESS: Frisco Bldg Joplin Mo
23c. DATE SIGNED: 12-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-16-1954
24c. NAME OF CEMETERY OR CREMATORY: Paridise Cemetery
24d. LOCATION (City, town, or county) (State): Jasper County Missouri

DATE REC'D BY LOCAL REG.: 12-22-54
REGISTRAR'S SIGNATURE: Fred D. James by Dolores Lampkins 138
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Filed JAN 3 - 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Cant

Licensed Embalmer No. 4

P. O. Address Carthe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.