

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3852

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4023 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Exeter		c. CITY OR TOWN Exeter	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 66 yrs		e. STREET ADDRESS (If rural, give location) 0050	
3. NAME OF DECEASED (Type or Print) a. (First) Wiley b. (Middle) Monroe c. (Last) Lucky		4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1883
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 9 Days 14	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joe Lucky	
13b. MOTHER'S MAIDEN NAME Unkown		14. NAME OF HUSBAND OR WIFE Nellie Lucky	
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 Nellie Lucky		ADDRESS Exeter, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 3 hours 9 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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)		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 12-21 , 19 46 , to Feb 17 , 19 55 , that I last saw the deceased alive on Sept 25 , 19 52 , and that death occurred at 1 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Ed McDonald M.D. (Degree or title)		23b. ADDRESS Cassville Mo.	
23c. DATE SIGNED 2-21-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-19-1955	
24c. NAME OF CEMETERY OR CREMATORY Maple Wood		24d. LOCATION (City, town, or county) (State) Exeter Mo.	
DATE REC'D BY LOCAL REG. 2-21-55		REGISTRAR'S SIGNATURE Mary McDonald Davis	
25. FUNERAL DIRECTOR'S SIGNATURE Davis Williams		ADDRESS Cassville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 255-209

DATE REC. 2-26-55

VS
JUL 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by myself, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Doyle E. Williams

Licensed Embalmer No. 4

P. O. Address Cassville

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