

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18806

State File No.

FILED JUN 22 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2457

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>32 days</u>		d. STREET ADDRESS (If rural, give location) <u>3915 NORTON AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KCTB HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SECCAL</u>	b. (Middle)	c. (Last) <u>LUCAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE - 7 - 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 28, 1895</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PBX Installer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SW Bell Tel. Co</u>	11. BIRTHPLACE (State or foreign country) <u>Lamar, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Eliphe Lucas</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Vaughn</u>	14. NAME OF HUSBAND OR WIFE <u>Mayme Lucas</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-03-9821</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>K.C.T.B. Hospital KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			002-X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from May 19, 1955, to June 7, 1955, that I last saw the deceased alive on June 7, 1955, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1030 E. Pacific, Kansas City, Mo</u>	23c. DATE SIGNED <u>JUNE 7, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 9, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-8-55</u>	REGISTRAR'S SIGNATURE <u>newa minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Neocome, 1331 BUSH CREEK KANSAS CITY, MO.</u>
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JUN 23 1952

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

John B. Lewis

Licensed Embalmer No. *4875*

P. O. Address *KC Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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