

FILED AUG 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28636

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Saline</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 OR TOWN <u>Rural, Marshall Twp.</u>)	c. LENGTH OF STAY (in this place) township) <u>14 yrs.</u>	c. CITY OR TOWN <u>Wyatt, Missouri</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School, Marshall</u>		STREET ADDRESS (If rural, give location) <u>06101</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lonnie</u> b. (Middle) _____ c. (Last) <u>Stuckey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED NEVER MARRIED, WIDOWED WIDOWED <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 11, 1931</u>	9. AGE (in years last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u> Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ambush, Umphrey Co., Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eli Stuckey</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records of Mo. State School, Marshall, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>493X</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy; Little's disease</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____
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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 July 31, 1955, to Aug. 6, 1955, that I last saw the deceased alive on Aug. 6, 1955, and that death occurred at 4:10 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Roumney</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Marshall, Missouri</u>	23c. DATE SIGNED <u>8/6/1955</u>
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION _____	24b. DATE <u>Aug. 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mo. State School</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall Twp. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 7-55</u>	REGISTRAR'S SIGNATURE <u>Cecil H. Read, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *George H. Green*

Licensed Embalmer No. *42*

P. O. Address *Maucha*

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.