

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39445**

FILED NOV 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4517** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY <b>Taney</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Taney</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Beaumont</b>		c. LENGTH OF STAY (In this place) <b>5 mo</b>		c. CITY OR TOWN <b>Beaumont</b>		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 <b>Shays Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>P.O. Box 1060</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Foy</b> b. (Middle) <b>Imogene</b> c. (Last) <b>Lucie</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-2-55</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 16, 1880</b>		9. AGE (In years last birt/day) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home maker</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>State of Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Charles Riley</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Reich</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Lucie</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ernest Lucie, Beaumont MO.</b>					
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				INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral hemorrhage</b>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis</b>				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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 <b>Sept 2, 1945</b> , to <b>Nov 2, 1955</b> , that I last saw the deceased alive on <b>10-2-1955</b> , and that death occurred at <b>8:45 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>Taney MO</b>		23c. DATE SIGNED <b>11/10/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-4-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Logan Memorial Park, Beaumont MO</b>		24d. LOCATION (City, town, or county) (State) <b>Beaumont MO</b>			
DATE REC'D BY LOCAL REG. <b>11/18/55</b>		REGISTRAR'S SIGNATURE <b>Delores Campbell</b>		514 - 0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Whelchel F. Home Beaumont MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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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 *Winnie Wheeler*.....

Licensed Embalmer No. *227*

P. O. Address *Princeton*

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.