

No. 300
50.48

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8549

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>	c. LENGTH OF STAY (In this place) <u>1 hr</u>	c. CITY OR TOWN <u>BOONVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>713 WATER. ST 021⁰</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BOYCE</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>LUCAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 56</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>DEC. 20 - 54</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>BOONVILLE MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>UNKNOWN</u>	
13b. MOTHER'S MAIDEN NAME <u>DORRIS LUCAS</u>		14. NAME OF HUSBAND OR WIFE <u>VIOLA LUCAS</u>	

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>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VIOLA LUCAS</u> ADDRESS <u>Boonville MO 713 WATER.</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 <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tracheobronchitis</u>		2 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>measles</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>0850</u>	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 4-7-, 1956, to 4-7-, 1956, that I last saw the deceased alive on 4-7-, 1956, and that death occurred at 7:20 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>JC Beckett MD</u> (Degree or title)	23b. ADDRESS <u>Boonville MO</u>	23c. DATE SIGNED <u>4-7-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u>		

DATE REC'D BY LOCAL REG. <u>4/9/56</u>	REGISTRAR'S SIGNATURE <u>DG Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Halwell L. May</u> ADDRESS <u>814 S. Porter St Boonville 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 *Berry W. Thacker*.....

Licensed Embalmer No. *39*.....

P. O. Address *Barnes*.....

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.