

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11922**

BIRTH NO. _____

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **500**Registrar's No. **575**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Manchester		c. LENGTH OF STAY (in this place) township) 2 months	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Manchester Nursing Home		e. STREET ADDRESS (If rural, give location) 4248 Juniata Ave. 21670	
3. NAME OF DECEASED (Type or Print) a. (First) Elisha b. (Middle) Michael c. (Last) Lucus		4. DATE OF DEATH (Month) (Day) (Year) 2/29/56	
5. SEX Male	6. COLOR OR RACE 9 White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed	8. DATE OF BIRTH 7/15/1879
9. AGE (In years last birthday) 76 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (City and State or Foreign Country) Fancy Farm, Grove City, Ky.
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Robert Lucus	13b. MOTHER'S MAIDEN NAME Unknown Moore	14. NAME OF HUSBAND OR WIFE Viva Willingham Lucus
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. 494-10-7944	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Willingham 2766 Grandà Dr.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Mitral Insufficiency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Seizure	
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) 4222	
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 Feb. 23, 1956, to Feb. 28, 1956, that I last saw the deceased alive on Feb. 28, 1956, and that death occurred at 4:00a m., from the causes and on the date stated above.			
23a. SIGNATURE Ralph W. Laffey M.D.		23b. ADDRESS Box 312, Manchester, Mo.	23c. DATE SIGNED 2/29/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/29/56	24c. NAME OF CEMETERY OR CREMATORY Zion Church Cemetery	24d. LOCATION (City, town, or county) (State) Columbus, Ky.
DATE REC'D BY LOCAL REG. 2-29-56	REGISTRAR'S SIGNATURE Verleto R. Donham	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur 3125 Lafayette Ave.	

(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 *Thomas R. Pennington*.....

Licensed Embalmer No. *371*

P. O. Address *3125 Laguna*

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