

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15458**BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give town or town Fairfax)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio	
c. LENGTH OF STAY (In this place) 2 mo		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) FRANKLIN c. (Last) LUCKEY			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 23, 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 7 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret'd Dr. V.M.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME Robert A. Luckey	13b. MOTHER'S MAIDEN NAME Margaret Jane Wilson	14. NAME OF HUSBAND OR WIFE Nan F. Luckey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 197-16-2860	17. INFORMANT'S SIGNATURE OR NAME Mrs. James P. Scammon	ADDRESS Tarkio, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (b), (c), and (d) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiac sclerosis DUE TO (c) Coronary artery disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) (Minute)	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 **12/13/50**, 19___, to **5/3/56**, 19___, that I last saw the deceased alive on **5/3/56**, 19___, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Medemeyer M.D.	(Degree of title)	23b. ADDRESS Tarkio, Mo.	23c. DATE SIGNED 5/4/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/5/56	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio, MO.
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DATE REC'D BY LOCAL REG. May 22, 1956	REGISTRAR'S SIGNATURE Harvin H. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home	ADDRESS Tarkio, Mo.
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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
Student Embalmer

Signed Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

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