

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21639**

FILED JUN 20 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Washington				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. LENGTH OF STAY (in this place) 2 Weeks		c. CITY OR TOWN Irondale		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 Bonne Terre Hospital				e. STREET ADDRESS (If rural, give location) 4100/				
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Mamie		c. (Last) Lucas		4. DATE OF DEATH (Month) (Day) (Year) June 6, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 20, 1880		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 11 Days 16	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Iron Mountain, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Christopher Hockinghomer			13b. MOTHER'S MAIDEN NAME Francis Franks		14. NAME OF HUSBAND OR WIFE J. L. Lucas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME J. L. Lucas		ADDRESS Irondale, Mo.		
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) Arteriosclerosis generalized				INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetes Mellitus		
				DUE TO (c) -----		unknown		
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of right foot				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X						
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 <u>5/24/56</u> , 19 <u> </u> , to <u>6/6/56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>6/6/56</u> , 19 <u> </u> , and that death occurred at <u>4:00 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE John W. Miller				(Degree or title) M.D.		23b. ADDRESS Bonne Terre, Mo.		
23c. DATE SIGNED 6/8/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/8/56		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		
24d. LOCATION (City, town, or county) (State) Flat River, Mo.		DATE REC'D BY LOCAL REG. June 8, 1956		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Lat L. Boyer Leadwood, Mo.		
(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 *William E. Boyer*.....

Licensed Embalmer No. *4730*.....

P. O. Address *Leadwood,*.....

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.