

FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

39086

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>				2. USUAL RESIDENCE (Where deceased lived. If instituting: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Moberly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>422 Taylor</i>			Length of stay in lb	d. STREET ADDRESS <i>422 Taylor</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>WILLIAM HENRY LUCAS</i>				4. TIME OF DEATH Month <i>Nov</i> Day <i>18</i> Year <i>1956</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 5-1877</i>	9. AGE (In years last birthday) <i>78</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Wabash RR</i>	11. BIRTHPLACE (City and state or country) <i>Shelby County Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Allen Lucas</i>				14. MOTHER'S MAIDEN NAME <i>Mary Heart</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <i>702-05-7332</i>		17. INFORMANT <i>Genia Lucas</i>		Address <i>Moberly</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Circulatory failure</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <i>Coronary Thrombosis with myocardial infarction 1 day</i>	
						DUE TO (c) <i>Atherosclerosis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <i>5:45</i> Month <i>11</i> Day <i>17</i> Year <i>1956</i> a. m. <i>p.</i> m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Nov. 17, 1956</i> to <i>Nov. 18, 1956</i> and last saw <i>him</i> alive on <i>11-17-56</i> . Death occurred at <i>5:45</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Genia S. Jolly DO</i> (Degree or title)				22b. ADDRESS <i>203 1/2 N. Clark Moberly Mo</i>		22c. DATE SIGNED <i>11-20-56</i>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<i>Burial</i>		<i>Nov 20, 1956</i>	<i>Sunset Gardens</i>		<i>Moberly Missouri</i>		
24. FUNERAL DIRECTOR <i>Cater General Home</i>			ADDRESS <i>Moberly Mo</i>	25. DATE RECD. BY LOCAL REG. <i>11/20/56</i>		26. REGISTRAR'S SIGNATURE <i>Leah Bell</i>	

(Licensed Embalmer's Statement on Reverse Side)

Use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Jerry R. Cates*.....
Licensed Embalmer No. *49*

P. O. Address *Moberly*

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