

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40276

State File No.

FILED NOV 30 1956

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 4477 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glenwood</u>	c. LENGTH OF STAY (in this place) <u>Yrs.</u>	c. CITY OR TOWN <u>Glenwood</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		• STREET ADDRESS (If rural, give location) <u>0980</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucetta</u> b. (Middle) <u>Belle</u> c. (Last) <u>Lucas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 18, 1956</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>January 4 1867</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John F. Shumate</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Montgomery</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Lucas</u> ADDRESS <u>Glenwood Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Atherosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			

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) (Min.)	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 Sept. 14, 1953, to November 18, 1956, that I last saw the deceased alive on Nov. 17, 1956, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Stoker, D.O.</u> (Degree or title)	23b. ADDRESS <u>Lancaster, Mo.</u>	23c. DATE SIGNED <u>Nov. 20, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Nov 20, 1956</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Glenwood Co. F.</u>	24d. LOCATION (City, town, or county) (State) <u>Glenwood, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 20 56</u>	REGISTRAR'S SIGNATURE <u>Miss. Ruth Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Norman - Lancaster</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Novel E. Foster*.....
Licensed Embalmer No. *4742*.....
P. O. Address *Fuksville, Va.*.....

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.