

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3782

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0115 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb 37 Yrs		d. STREET ADDRESS 1208 North 12th (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Stephen Middle J. Last Lucas			4. DATE OF DEATH Feb. 20, 1957 Month Day Year		
5. SEX Male	6. COLOR OR RACE White 0	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 24, 1912	9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.		11. BIRTHPLACE (City and state or country) Bridgeport, Conn. / 12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Andrew Lucas			14. MOTHER'S MAIDEN NAME Anna Vasko		
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. 491-10-2486		17. INFORMANT Address Roberta Lucas 1208 No. 12th St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of ESOPHAGUS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>150X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>
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 ' Month, Day; Year a. m. p. 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 <u>7:00 PM, 1955</u> to <u>Feb 20, 1957</u> and last saw ^{him} alive on <u>Feb 19, 1957</u> Death occurred at <u>1:30</u> a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John R. McDaniel MD</u> (Degree or title)			22b. ADDRESS <u>902 Edmund St. St. Joseph Mo</u>		22c. DATE SIGNED <u>2/21/57</u>
23a. BURIAL, CREMATION, REBURIAL (Specify) Burial		23b. DATE Feb. 23, 57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR <u>Herman W. Sidenfaden</u> (Licensed Embalmer's Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. Feb 25, 1957		26. REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no record. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

483

Dr. M. E. Daniel

MAY 17 1937

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.....
Robert G. Gable
Licensed Embalmer No. 330

P. O. Address St. Joseph

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.