

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3783

FILED MAR 11 1957

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 227

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 OR TOWN) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 212 Illinois Ave		Length of stay in 1b 20 yrs.	d. STREET ADDRESS (If outside, give location) 212 Illinois Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle H. Last LUCKINBILL			4. DATE OF DEATH Month Feb. Day 28, Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19, 1886	9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dentistry	11. BIRTHPLACE (City and state or country) Guthrie Center, Ia.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Albert Luckinbill			14. MOTHER'S MAIDEN NAME Katherine Timmons		
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. none	17. INFORMANT Address Hugh Luckinbill, Enid, Okla.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Failure					INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Coronary Occlusion					3 days
DUE TO (c) Arteriosclerotic Heart Disease					unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Asthma					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.) 4200			2
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <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 Feb 25 1957 to Feb 28 1957 and last saw her alive on Feb 27 1957 Death occurred at 8:00a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Sharon E. Wagoner M.D.</i> (Degree or title)			22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri		22c. DATE SIGNED 3-1-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 2, 1957	23c. NAME OF CEMETERY OR CREMATORY Reinbeck Cemetery		23d. LOCATION (City, town, or county) (State) Reinbeck, Iowa.	
24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 6, 1957	26. REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

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Buchanan Missouri Buchanan
 St. Joseph x St. Joseph
 SIS Illinois Ave. SO Ave.
 H. FRANK
 Male White
 Dentist
 Albert Luckinbill
 Katherine Timmons
 U.S.A. U.S.A.
 Oct. 19, 1886
 Feb. 28, 1927

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 *Edward Clark*
 Licensed Embalmer No. 42
 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.

Clark Funeral Home St. Joseph, Mo.