

FILED MAR 5 1957

STANDARD CERTIFICATE OF DEATH

4103

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Macon		06/11 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. MARYS HOSPITAL		Length of stay in 1b 14 Days		d. STREET ADDRESS (If outside, give location) 555 Western Drive	
3. NAME OF DECEASED (Type or print) First Middle Last LEROY Lee LUCAS			4. DATE OF DEATH Month Day Year FEB. 24, 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1895		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Maud, Mo.	
13. FATHER'S NAME WALTER LUCAS			12. CITIZEN OF WHAT COUNTRY? USA		
14. MOTHER'S MAIDEN NAME EMMA STEWART			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. 490-10-7147		17. INFORMANT ROBERT LUCAS Address MACON, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage, post-operative, secondary (12th p.o. day) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Epithelioid ca. of tongue, gingiva, unknown DUE TO (c) Mandible, maxilla dental trauma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH hour
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 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 1-30-57 to 2-24-57 and last saw ^{her} him alive on 2-24-57 Death occurred at 4:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or Title) 6			22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED 2-25-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/27/57	23c. NAME OF CEMETERY OR CREMATORIUM OAKWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) MACON, MO.
24. FUNERAL DIRECTOR Sylvester Aulle ADDRESS J C. MO.		25. DATE RECD. BY LOCAL REG. 27 Feb - 1957		26. REGISTRAR'S SIGNATURE R. P. Norris, MA-MR.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 27 1959

JUN 29 1959

JUN 28 1959

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 *Sylvester Dulle*

Licensed Embalmer No. *43*

P. O. Address *Jefferson*

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.