

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7400

State File No.

FILED FEB 19 1957

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. 66

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY <u>WAYNE</u> | b. CITY (If outside corporate limits, write RURAL and give town) <u>SILVA, MO.</u> | a. STATE <u>MO.</u> | b. COUNTY <u>WAYNE</u> |
| c. LENGTH OF STAY (in this place) <u>17yr</u> | | c. CITY OR TOWN <u>SILVA</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u> | | e. STREET ADDRESS <u>✓</u> | |

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|---|---------------------------|------------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>NORA</u> | b. (Middle) <u>LAMIZA</u> | c. (Last) <u>LUKE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 10 - 1957</u> |
|---|---------------------------|------------------------------|--------------------------|---|

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|--------------------------------|---|---|---|---|---|--|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MAR. 12, 1895</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>28</u> | IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u> |
|--------------------------------|---|---|---|---|---|--|

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|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>CLUBB, MO.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA.</u> |
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| 13a. FATHER'S NAME <u>JOHN ATNIP</u> | 13b. MOTHER'S MAIDEN NAME <u>MALISSA OWENBEY</u> | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM T. LUKE</u> | <u>SILVA MO.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM THOMAS LUKE</u> | ADDRESS <u>SILVA, 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>3 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) <u>491X</u> |
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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? |
|---|---|-----------------------------------|

22. I hereby certify that I attended the deceased from Feb 8, 1957, to Feb 10, 1957, that I last saw the deceased alive on Feb 9, 1957, and that death occurred at 10:30P m., from the causes and on the date stated above.

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|---|-------------------|--|---|
| 23a. SIGNATURE <u>O.A. Myers M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Coldwater, Mo.</u> | 23c. DATE SIGNED <u>2/14/57</u> |
|---|-------------------|--|---|

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|---|------------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>2-12-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ATLANTIC</u> | 24d. LOCATION (City, town, or county) (State) <u>SILVA MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-16-57</u> | REGISTRAR'S SIGNATURE <u>Iretta M. Ward</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Yesh Funeral Home</u> | ADDRESS <u>Georgetown Mo</u> |
|---|---|---|--|

(Licensed Embalmer's Statement on Reverse Side) By Marvin E. Bowles

No. 300
10. 48

1110.

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

19

RECEIVED
FEB. 16 1957
WAYNE CO. HEALTH CENTER
FILE No. _____

FEB 26 1957

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 me, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 44

P. O. Address Redman

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.