

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004532

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 172

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-57 D

1. PLACE OF DEATH a. COUNTY <u>Euchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Euchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u>		Length of stay in lb <u>48 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>2506 Francis St.,</u>
3. NAME OF DECEASED (Type or print) First <u>Lawrence</u> Middle <u>Willis</u> Last <u>Lucas</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>14,</u> Year <u>1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 7, 1892</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>	11. BIRTHPLACE (City and state or country) <u>Huron, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. NAME OF HUSBAND OR WIFE <u>Dorothy Reed Lucas</u>	
13a. FATHER'S NAME <u>Charles Franklin Lucas</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Willis</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>491-09-3628</u>	
17. INFORMANT <u>Dorothy Reed Lucas, St. Joseph, Mo.</u>		Address	
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>Lymphoma (Hodgkin's disease)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			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 _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>St. Joseph</u>		20f. COUNTY <u>Mo</u>	
20g. STATE <u>Missouri</u>		20h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. I attended the deceased from <u>March 1956</u> to <u>Death</u> and last saw her ^{him} alive on <u>Feb. 14, 1958</u> Death occurred at <u>12:05</u> p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lucien H. Ide M.D.</u>		22b. ADDRESS <u>902 Edward St. Joseph Mo</u>	
22c. DATE SIGNED <u>2-17-58</u>		22d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Feb. 17, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc., St. Joseph,</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 20, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Wm. Clark Woodell</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATE
2-26-58
by [signature]

All diseases in Part I must be causally related.

MAR 7 1958

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 

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo.

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.