

Health,
Welfare
Public
Service

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009295
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 91

800
-57

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY COLE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO. | | c. CITY OR TOWN JEFFERSON CITY, MO. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1930 W Main | | d. STREET ADDRESS (If outside, give location) 1930 W Main | |

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|--|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First GEORGE Middle ALFRED Last LUCE | | | 4. DATE OF DEATH Month MARCH Day 24 Year 1958 | | |
| 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 May 9, 1873 | 9. AGE (In years) IF UNDER 1 YEAR: 84 Months 10 Days 15 IF UNDER 24 HRS.: Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barmer (Retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Moniteau County, Mo | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Mathias Luce | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Jessie Skain | |
| 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. 490-09-7003 | 17. INFORMANT Address Mrs Jessie Luce J C Mo. | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Carcinoma of Prostate | | 6 yrs. |
| | DUE TO (c) 177X | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Cardiovascular Disease | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 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.) 2 | |
| 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 Mar. 1957 to Mar. 24, 1958 and last saw ^{him} ~~her~~ alive on Mar. 23, 1958
Death occurred at 5:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.

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|---|---|---|
| 22a. SIGNATURE (Degree or title) L. B. Klebla M.D. | 22b. ADDRESS Jefferson City, Mo | 22c. DATE SIGNED 3-25-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/26/58 | 23c. NAME OF CEMETERY OR CREMATORY St. Peters |
| 23d. LOCATION (City, town, or county) Jefferson City, Mo. | | (State) |

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| 24. FUNERAL DIRECTOR ADDRESS Sylvester Dulle J C Mo. | 25. DATE RECD. BY LOCAL REG. 27 March 1958 | 26. REGISTRAR'S SIGNATURE R. P. Davis, M.D. - M.P. |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 3 1959

APR 1 1959

MAY 9 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 *Sylvester D. Gull*

Licensed Embalmer No. *4321*
P. O. Address *Jefferson City*

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.