

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045251

STATE FILE NUMBER

FILED JAN 15 1959

Registration District No. 394

Primary Registration District No. 6026

Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY ent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carroll		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bunker
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homers		Length of stay in lb 13 yrs	d. STREET ADDRESS -- (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Edwin - Luckey			4. DATE OF DEATH Month Day Year Dec 18 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 July 8 1884
9. AGE (In years birth day) 74		IF UNDER 1 YEAR Months 5 Days 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Luckey	
13b. MOTHER'S MAIDEN NAME Locenda Conway		14. NAME OF HUSBAND OR WIFE Bernice Noyes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO X		16. SOCIAL SECURITY NO. X	17. INFORMANT Address Martha Luckey Centerville 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) <u>Unknown - probably of Cardiac origin</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>No Violence or Cause for</u> DUE TO (c) <u>congestive</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4344			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>no</u> to <u>no</u> and last saw her ^{her} _{him} alive on <u>no</u> Death occurred at <u>6</u> P <u>no</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenneth T. Easter, Coroner</u>		22b. ADDRESS <u>Ellington, Mo.</u>	22c. DATE SIGNED <u>Dec 19/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bee Fork Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Reynolds Co Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Spencer Funeral Home Inc</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 5, 59</u>	26. REGISTRAR'S SIGNATURE <u>Edmas David</u>

All diseases in Part I must be causally related.

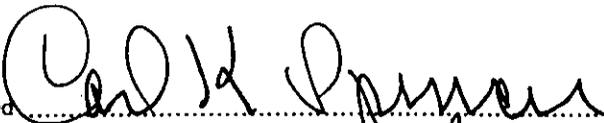
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. 2370

P. O. Address Salem

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.