

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001665

STATE FILE NUMBER

FILED JAN 30 1959

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 20

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Lake Lotawana <i>Van Buren</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lake Lotawana <i>7600</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION G 47		d. STREET ADDRESS G 47 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b 16 yrs.			

3. NAME OF DECEASED (Type or print) First Wesley Middle Charles Last Lucas			4. DATE OF DEATH Month Jan. Day 22 Year 1959		
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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 Aug. 2, 1896	9. AGE (In years last birthday) 62	10. FUNDED 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Builder	11. BIRTHPLACE (City and state or country) Colony, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles B. Lucas	13b. MOTHER'S MAIDEN NAME Elizabeth Colon	14. NAME OF HUSBAND OR WIFE Media Lucas Mo
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 496-03-0691	17. INFORMANT Media Lucas, G-47, Lake Lotawana	Address Lee's Summit,
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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) Conjunctive Heart failure		INTERVAL BETWEEN ONSET AND DEATH 3 mos -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic myocarditis et atherosclerosis	about 3 yrs
	DUE TO (c) et chronic pyelonephritis	several years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222		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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 11-18-58 to 1-22-59 and last saw ^{him} alive on 1-22-59 Death occurred at 12-20 am on the date stated above; and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE <i>W. L. Linsville, Sr.</i> (Degree or title)	22b. ADDRESS B-1 Lake Lotawana	22c. DATE SIGNED 1-22-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit, Missouri	25. DATE RECD. BY LOCAL REG. 1-22-59	26. REGISTRAR'S SIGNATURE <i>W. L. Linsville</i>
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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.

STATEMENT BY LICENSED EMBALMER

FEB 11 1959

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 *N. B. Langstaff*
Licensed Embalmer No. *4962*
P. O. Address *Leis Summit*

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.