

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009524
STATE FILE NUMBER
1385

LED APR 2 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1385

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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) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		Length of stay in 1b 35 YEARS	d. STREET ADDRESS 3901 BROADWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ERNIE WILLIAM LUCK			4. DATE OF DEATH Month Day Year MARCH 13, 1959		
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 SEPT. 28, 1904	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) METAL FINISHER		10b. KIND OF BUSINESS OR INDUSTRY FORD PLANT	11. BIRTHPLACE (City and state or country) BLUFF CITY, TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME ERNEST AUSTIN LUCK		13b. MOTHER'S MAIDEN NAME CALLIE JONES		14. NAME OF HUSBAND OR WIFE JEANNETTE LUCK	
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. 199-16-9308	17. INFORMANT 3901 BROADWAY MRS. JEANNETTE LUCK-KANSAS CITY, MISSOURI		
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>Bronchopneumonia</u> DUE TO (b) <u>Gremia</u> DUE TO (c) <u>Chronic Pyelonephritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>10 yrs</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 yr.</u> <u>2 yrs.</u>
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 Month, Day, Year a.m. 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
21. I attended the deceased from <u>1255</u> to <u>Mar. 13, '59</u> and last saw him alive on <u>Mar. 13, '59</u> Death occurred at <u>4:25 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John B. Justus MD.</u> (Degree or title)		22b. ADDRESS <u>4620 Nichols Pkwy</u> <u>K.C. MO.</u>		22c. DATE SIGNED <u>Mar. 15, '59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 16, 1959	23c. NAME OF CEMETERY OR <u>CREMATORY</u> GREEN LAWN CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 3-16-59	26. REGISTRAR'S SIGNATURE <u>How Marshall</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

John B. Justus

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 *Norman W. Johnson*

Licensed Embalmer No. *4859*

P. O. Address *D.C., 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.