

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012478

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 169

300
1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MISSOURI b. COUNTY UNKNOWN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTOR'S HOSPITAL		Length of stay in lb HOSPITAL, 4 days	d. STREET (If outside, give location) ADDRESS 035 / 603 N. MADISON ST.
3. NAME OF DECEASED (Type or print) First MIMMA Middle L. Last LUCKEY		4. DATE OF DEATH Month 3 Day 19 Year 1959	
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JAN. 1, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES CLERK		10b. KIND OF BUSINESS OR INDUSTRY DRY GOODS STORE	11. BIRTHPLACE (City and state or country) MALDEN, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. NAME OF HUSBAND OR WIFE UNKNOWN	
13a. FATHER'S NAME GEORGE NEWTON		13b. MOTHER'S MAIDEN NAME MARY WHITEHEAD	
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. 92-0741138	17. INFORMANT ED. NEWTON
18. CAUSE OF DEATH (No. one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Hepatitis		INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Partial Small bowel obstruction	
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 _____ 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 3-15-59 to 3-19-59 and last saw her alive on 3-19-59 Death occurred at 4:30 P M on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Eugene T. Hunsler MD	
22b. ADDRESS 623 Pine Bluff Poplar Bluff MO		22c. DATE SIGNED 4-7-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-22-1959	23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY
23d. LOCATION (City, town, or county) MALDEN		(State) MO.	
24. FUNERAL DIRECTOR DAY & KNIGHT, F.H.V. MALDEN, MO.		25. DATE RECD. BY LOCAL REG. 4/11/59	
26. REGISTRAR'S SIGNATURE R. Hunsler			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on this. All diseases in Part I must be causally related.

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FILE NO.

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 *J. J. Schuman*
Licensed Embalmer No. *4086*

P. O. Address *Mueden*

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.