

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015339

STATE FILE NUMBER

FILED MAY 6 1959

Registration District No. _____

Primary Registration District No. _____

Registrar No. 3729

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|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Washington) | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Potosi | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital | | Length of stay in lb 2 days | d. STREET ADDRESS 111 W. Jefferson | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASER (Type or print) First Middle Last James Preston Lucas | | | 4. DATE OF DEATH Month Day Year 4 11 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 5, 1872 | | 9. AGE (In years at birth) 87 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Charles Lucas | | 13b. MOTHER'S MAIDEN NAME Lucreia Sanders | | 14. NAME OF HUSBAND OR WIFE Ella Lucas | |
| 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. none | 17. INFORMANT Address Auzzie Lucas 8515 Park Lane St. Louis, 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) Hypertensive Heart Disease Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. } DUE TO (b) Arterio Sclerosis. DUE TO (c) 443 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Semility | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 <input type="checkbox"/> WORK AT WORK | | 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 4/11/59 1:50 p.m. to 4/11/59 and last saw her alive on 4/11/59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Paul J. Demost | | | 22b. ADDRESS 10093 W. Floussant | | 22c. DATE SIGNED 4/11/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 4-15-59 | 23c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery | | 23d. LOCATION (City, town, or county) (State) Potosi, Missouri |
| 24. FUNERAL DIRECTOR Arthur W. Smith | | ADDRESS Potosi, Missouri | | 25. DATE RECD. BY LOCAL REG. APR 15 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>m s c</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in items 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 [Signature]

Licensed Embalmer No. 4158
P. O. Address P. O. 512

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.