

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 21 1959

59-025652

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 141

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in lb 1 hr. 32 Min.	c. CITY OR TOWN Carthage Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 726 Poplar Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Douglas	Middle Allen	Last Lucky	4. DATE OF DEATH Month July Day 10 Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-10-59	9. AGE (last birthday) IF UNDER 1 YEAR Months 1 Days 32 IF UNDER 24 HR Hours 1 Min. 32
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Carthage, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William A. Lucky	13b. MOTHER'S MAIDEN NAME Velma Christman	14. NAME OF HUSBAND OR WIFE None
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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 W.A. Lucky	Address Carthage, Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH ? mos.
IMMEDIATE CAUSE (a) Anoxemia of Brain		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cord obstruction	
DUE TO (c)		? mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 8:40A Month, Day, Year 7-10-59 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 Carthage, Mo.	COUNTY	STATE
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21. I attended the deceased from 7-10-59 to 7-10-59 and last saw ^{her} him alive on 7-10-59 Death occurred at 8:40A on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE B. Baulick (Degree or title) M.D.	22b. ADDRESS Carthage, Mo.	22c. DATE SIGNED 7-10-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-12-59	23c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery	23d. LOCATION (City, town, or county) (State) Sarcoxie, Missouri
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24. FUNERAL DIRECTOR Ulmer Funeral Home-Carthage, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-12-59	26. REGISTRAR'S SIGNATURE W. J. Hunter
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin S. Thomas

Licensed Embalmer No. 495

P. O. Address Port Hope

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.