

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028797

FILED VS AUG 31 1959

STATE FILE NUMBER

Registration District No. 8 Primary Registration District No. 897 Registrar's No. 897

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Republic, Mo</u>		Length of stay in 1b <u>10 yr</u>	c. CITY OR TOWN <u>Republic</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NO STREET ADDRESS</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ada</u> Middle <u>Virgie</u> Last <u>Lucel</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>24</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 18 1892</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Marion Co. Ark</u>		11. BIRTHPLACE (City and state or country) <u>U. S</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S</u>
13a. FATHER'S NAME <u>Albert Young</u>		13b. MOTHER'S MAIDEN NAME <u>Osalee Patton</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Lucel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-40-9920</u>		17. INFORMANT <u>Charles Lucel - Republic, Mo</u> Address	

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 <u>6 Mos.</u>
IMMEDIATE CAUSE (a) <u>Carcinomatosis</u>		
DUE TO (b) <u>Primary carcinoma left ovary</u>		
DUE TO (c) _____		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m. Month, Day, Year _____		
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 _____ COUNTY _____ STATE _____

21. I attended the deceased from May 1959 to August 1959 and last saw her alive on 24 August 1959
 Death occurred at 7:20 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Karl Leidinger Jr. M.D.</u>		22b. ADDRESS <u>Republic, Mo</u>		22c. DATE SIGNED <u>25 Aug 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 27 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wise Hill</u>	23d. LOCATION (City, town, or county) <u>Clever, Mo</u> (State) <u>Mo</u>	
24. GENERAL DIRECTOR <u>Everett J. Cheatham</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>8-27-59</u>	26. REGISTRAR'S SIGNATURE <u>Effie J. Melton</u>	

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 _____

J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.