

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59-032453

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4408 STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 4 1/2 days 42 1/2 hrs | | c. CITY OR TOWN Raytown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital | | | d. STREET ADDRESS (If outside, give location) 5811 Raytown Rd | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MAX Middle EUGENE Last LUCAS | | | 4. DATE OF DEATH 9/9/59 Month 9 Day 9 Year 59 | | |
| 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 2/5/28 | 9. AGE (last birthday) 31 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver | | 10b. KIND OF BUSINESS OR INDUSTRY Rock Island Motor Transit | | 11. BIRTHPLACE (City and state or country) Ottawa Kans | |
| 12. CITIZEN OF WHAT COUNTRY U S A | | 13a. FATHER'S NAME Orval Lucas | | 13b. MOTHER'S MAIDEN NAME Helen Striplin | |
| 14. NAME OF HUSBAND OR WIFE Anna Mae Huston | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes none | | | |
| 16. SOCIAL SECURITY NO. 514-22-4127 | | 17. INFORMANT Mrs. Anna Mae Lucas, 5811 Raytown Rd | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Submassive thrombosis DUE TO (b) for left femur fracture DUE TO (c) numerous lacerations | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Auto car collision | | |
| 20c. TIME OF INJURY Hour 9 a.m. 5 p.m. 59 Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street | | |
| 20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo. | | | | | |
| 21. I attended the deceased from _____, to _____, and last saw him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22. SIGNATURE Hugh A. Owens (Degree or title) Coroner | | | 22b. ADDRESS 1034 Piatts Bldg | | 22c. DATE SIGNED 9-9-59 |
| 23a. BURIAL, CREATION, REMOVAL (Specify) Bueial | | 23b. DATE 9/12/59 | 23c. NAME OF CEMETERY OR CREMATORY Green Lawn | | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
| 24. FUNERAL DIRECTOR Sheil Colonial Funeral Home ADDRESS | | | 25. DATE RECD. BY LOCAL REG. 9-10-59 | | 26. REGISTRAR'S SIGNATURE Neva Marshall |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hugh Owens

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 _____

Licensed Embalmer No. 362

P. O. Address Kansas City

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