RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032817

FILED VS OCT 13 1959

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 145

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TWIN GROVES Twsp. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARL JUNCTION RT. 1 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY JASPER
c. CITY OR TOWN CARL JUNCTION — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) CARL JUNCTION RT. 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First FRED Middle BRAIDEN Last LUCKEY

4. DATE OF DEATH Month OCT. Day 6 Year 1959

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 1-29-1875
9. AGE (last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER AND CEMENT
10b. KIND OF BUSINESS OR INDUSTRY BUILDING
11. BIRTHPLACE (City and state or country) ROCHELLE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME WILLIAM HENRY LUCKEY
13b. MOTHER'S MAIDEN NAME MARGARET SMITH
14. NAME OF HUSBAND OR WIFE LAURETTA LUCKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT EUGENE LUCKEY Address LINCOLN, NEB.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension 5 yrs.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE 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 10-6-59, to 10-6-59 and last saw ~~her~~ him alive on 10-6-59
Death occurred at 4 Bm. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gwenright M.D.
22b. ADDRESS 2 W Webb Webb City Mo
22c. DATE SIGNED 10-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 10-10-59
23c. NAME OF CEMETERY OR CREMATORY COLLEGE STATION CEM.
23d. LOCATION (City, town, or county) (State) LINCOLN, NEBRASKA

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY JOPLIN
25. DATE RECD. BY LOCAL REG. 10-7-59
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed F. M. Jones

Signature of Student Embalmer

Licensed Embalmer No. 2519

P. O. Address Joplin M

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