

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-041217**

FILED VS NOV 16 1959 *274*

Registration District No. *274* Primary Registration District No. *3052*

Registrar's No. *354*

STATE FILE NUMBER

MEMENDED

|   |  |   |  |   |   |  |
|---|--|---|--|---|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>PETTIS</b>   |  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b> |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SEDALIA</b>  |  | Length of stay in 1b <b>23 years</b>  | c. CITY OR TOWN <b>SEDALIA</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>667 East 15th St.</b>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <b>667 East 15th St.</b>   |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| <b>3. NAME OF DECEASED</b> (Type or print) First <b>ELLA</b> Middle <b>L.</b> Last <b>LUCKEY</b>  |  |   | <b>4. DATE OF DEATH</b> Month <b>November</b> Day <b>8,</b> Year <b>1959</b>   |   |   |  |
| <b>5. SEX</b><br><b>Female</b>  | <b>6. COLOR OR RACE</b><br><b>White</b>  | <b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | <b>8. DATE OF BIRTH</b><br><b>7/17/1880</b>  | <b>9. AGE (last birthday)</b><br><b>79</b>  | <b>IF UNDER 1 YEAR</b> Months <input type="checkbox"/> Days <input type="checkbox"/> <b>IF UNDER 24 HR</b> Hours <input type="checkbox"/> Min. <input type="checkbox"/> |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Home</b>   | <b>11. BIRTHPLACE</b> (City and state or country)<br><b>Parsons, Kansas</b>  |   | <b>12. CITIZEN OF WHAT COUNTRY</b><br><b>USA</b>  |  |
| <b>13a. FATHER'S NAME</b><br><b>Levi Mashburn</b>   |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Juliana Brewer</b>   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>William A. Luckey</b>  |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | <b>16. SOCIAL SECURITY NO.</b><br><b>None</b>   | <b>17. INFORMANT</b><br><b>Mrs. Almeda Cramer</b>  |   |   |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of breast</b>   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 yrs</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  | DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| <b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | <b>20a. ACCIDENT</b> <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |  |   |   |  |
| <b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____  |  |   |  |   |   |  |
| <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | <b>20f. CITY, TOWN, OR LOCATION</b>   | <b>COUNTY</b>  | <b>STATE</b>  |   |  |
| <b>21. I attended the deceased from</b> <i>1956</i> <b>to</b> <i>8 Nov 59</i> <b>and last saw her</b> <i>8 Nov 59</i> <b>alive on</b> <i>8 Nov 59</i><br><b>Death occurred at</b> <i>9:30 p</i> <b>m on the date stated above, and to the best of my knowledge, from the causes stated.</b> |  |   |  |   |   |  |
| <b>22a. SIGNATURE</b> (Degree of title)<br><i>David R. Edwards MD</i>   |  |   | <b>22b. ADDRESS</b><br><i>Sedalia Mo</i>   |   | <b>22c. DATE SIGNED</b><br><i>10 Nov 59</i>   |  |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>   | <b>23b. DATE</b><br><b>Nov 11, 1959</b>  | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>Memorial Park</b>   | <b>23d. LOCATION (City, town, or county) (State)</b><br><b>Sedalia, Missouri</b>   |   |   |  |
| <b>24. GENERAL DIRECTOR</b><br><i>Thomas Edwards</i>  |  | <b>ADDRESS</b><br><b>Sedalia, Mo.</b>   | <b>25. DATE RECD. BY LOCAL REG.</b><br><b>Nov 11, 1959</b>   | <b>26. REGISTRAR'S SIGNATURE</b><br><i>Frances Shelby</i>   |   |  |

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.