

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-032542

FILED VS. AUG 17 1960

318

Primary Registration District No. 1003

Registrar's No. 7840

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI				Length of stay in 1b 7/21/60		c. CITY OR TOWN GROVE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ROUTE 2	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE W. LUCAS				4. DATE OF DEATH Month Day Year 8/5/60			
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 9/27/97	9. AGE (last birthday) 62	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) SALES ENG. RET.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MIDWAY, KANSAS		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME GEORGE W. LUCAS			13b. MOTHER'S MAIDEN NAME ISABEL FRAZIER		14. NAME OF HUSBAND OR WIFE VERA MAE LUCAS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) YES WW-I			16. SOCIAL SECURITY NO. 511 10 1044		17. INFORMANT VERA MAE LUCAS (WIDOW) GROGAN'S COVE, OKLA.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) PULMONARY ARTERY THROMBOEMBOLISM							
DUE TO (b) THROMBOSIS RIGHT FEMORAL VEIN							
DUE TO (c) POST-OPERATIVE RIGHT ILLIAC AND FEMORAL ENDARTERECTOMY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 450.0					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 450.0			
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 7/21/60 to 8/5/60 and last saw him live on 8/5/60 Death occurred at 9:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) WALTER B. GOLDFARB, M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 8/5/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8-5-60	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) Pittsburg Kansas		(State)	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington			25. DATE RECD. BY LOCAL REG. AUG 5 1960		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 - 1971

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 Elmo R. Sadwell

Licensed Embalmer No. 4077

P.O. Address St. Louis

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