

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036335

FILED VS. SEP 28 1960

318

Primary Registration District No. 1003

Registrar's No.

8956

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b	c. CITY OR TOWN University City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Childrens Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6823 Etzel Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lauren D. Lucas			4. DATE OF DEATH Month Day Year Sept. 9 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-6-1955	9. AGE (last birthday) 5	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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Marion, Kentucky	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Lawrence Conditt Lucas		13b. MOTHER'S MAIDEN NAME Betty Damron	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -	
17. INFORMANT Mrs. L. Lucas		Address 6823 Etzel Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull with Subdural Hemorrhage, and Maceration of the Right Hemisphere, parietal, extending down into the base; DUE TO (b) suffered when deceased was injured in auto accident on Highway 460, in the vicinity of Nashville, Ill., on Sept. 2nd, 1960. DUE TO (c)					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) at about 9:00 P.M. CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED.					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 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.) Open Verdict 825.9			
20c. TIME OF INJURY Hour a.m. p.m. 9:00 P.M.		Month, Day, Year 9 2 60		20d. CITY, TOWN, OR LOCATION Marion, Ill	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Ill. Highway		20f. COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Catriek Taylor Casner		(Degree or title)		22b. ADDRESS 1300 Clark Ave	
22c. DATE SIGNED 9-10-60		23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 9-12-60	
23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		23d. LOCATION (City, town, or county) Marion, Kentucky		23e. STATE	
24. FUNERAL DIRECTOR Tucker Funeral Home		ADDRESS Marion, Kentucky		25. DATE RECD. BY LOCAL REG. SEP 10 1960	
26. REGISTRAR'S SIGNATURE W. J. Smith M.D.					

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 *Sidney Smith* _____

Licensed Embalmer No. _____

P. O. Address _____

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.