URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-038232

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 121

ENDED

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton — Length of stay in 1b 6 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Mary's Hospital — Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Caledonia — Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location) general delivery — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First LORA Middle MARGARET Last LUCAS

4. DATE OF DEATH Month Oct. 30 Day 1960 Year

5. SEX fem
6. COLOR OR RACE white
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-5-1907
9. AGE (last birthday) 53 — 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) at home
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Belleview Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robert Starr McClary
13b. MOTHER'S MAIDEN NAME Laura Belle Baker
14. NAME OF HUSBAND OR WIFE Lee Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW2
16. SOCIAL SECURITY NO.
17. INFORMANT Address Lee Lucas, Caledonia Mo.

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) Pneumonia Post Operative — INTERVAL BETWEEN ONSET AND DEATH 4 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 10-1-60, to 10-30-60 and last saw her/him alive on 10-30-60.
Death occurred at 3.45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) Lucy N. Gay M.D.
22b. ADDRESS Ironton Mo.
22c. DATE SIGNED 10-31-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11-2-60
23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery
23d. LOCATION (City, town, or county) (State) Caledonia Mo.

24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. Ansel J. White
25. DATE RECD. BY LOCAL REG. 11-1-60
26. REGISTRAR'S SIGNATURE Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 17 1960

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 _____
Signature of Student Embalmer

Licensed Embalmer No. 3012

P. O. Address _____

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