

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 61-001051

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 145

FILED VS FEB 14 1961

AMENDED

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u> | | Length of stay in 1b <u>48 years</u> | c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bürge Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1215 N. Benton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>LUCAS</u> Middle <u>ALFRED</u> Last <u>WEEKS</u> | | | 4. DATE OF DEATH Month <u>February</u> Day <u>8</u> Year <u>1961</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept 29, 1886</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>City Utilities</u> | 9. AGE (last birthday) <u>74</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____ |
| 11. BIRTHPLACE (City and state or country) <u>Dennison, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Alfred Weeks</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth De Kalb</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs Polly Weeks</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT <u>Mrs Polly Weeks, Springfield, Mo.</u> Address <u>1215 Benton</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute left heart failure with pulmonary edema due to</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> |
| DUE TO (b) <u>Aortic stenosis due to</u> | | | <u>5 yrs.</u> |
| DUE TO (c) <u>Generalized arteriosclerosis</u> | | | <u>5 yrs.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Transurethral prostatic resection</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <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.) | |
| 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 <u>Sept. 1949</u> to <u>2-8-61</u> and last saw ^{her} him <u>live</u> on <u>2-8-61</u> Death reported at <u>2:30 p m</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> | | 22b. ADDRESS <u>609 Cherry Street Springfield, Mo.</u> | 22c. DATE SIGNED <u>2-9-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>Feb 11, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Newcomers Crematory</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Jewell E. Windle</u> ADDRESS <u>Springfield, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>2-10-61</u> | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

FEB 15 1961

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo

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.