

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002587

FILED VS FEB 3 1961

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 8

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fort Leonard Wood, Mo.</b>			Length of stay in 1b		c. CITY OR TOWN <b>Fort Leonard Wood</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>388 Pulaski</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>388 Pulaski</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ALLEN</b> Middle <b>RICKY</b> Last <b>LUCAS</b>			4. DATE OF DEATH Month <b>January</b> Day <b>25</b> Year <b>1961</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5 Aug 1959</b>	9. AGE (last birthday) <b>1</b>		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) <b>Tomah, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Marvin Stanley Lucas</b>			13b. MOTHER'S MAIDEN NAME <b>Carolyn Eunice Weathersbee</b>			14. NAME OF HUSBAND OR WIFE <b>-</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>Marvin S. Lucas, Ft Leonard Wood, Mo.</b>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Strangulation</b> 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)						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 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.) <b>Caught neck in crib</b>				
20c. TIME OF INJURY <b>10:20</b>		Hour <b>10:20</b> a.m. <b>AM</b> Month, Day, Year <b>Jan 25, 61</b>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>388 Pulaski, Ft Leonard Wood, Pulaski, Mo.</b>		COUNTY STATE		
21. I <del>certified</del> <sup>saw</sup> the deceased from <b>January 25, 1961</b> to <b>Jan 25, 1961</b> and last saw <del>him</del> <sup>him</sup> alive on <b>never</b> Death occurred at <b>10:20 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Raymond L. Liddell Lt Col M.C.</i>				22b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>		22c. DATE SIGNED <b>25 Jan 61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Jan 27 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Langly Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Langly So Carolina</b>		
24. FUNERAL DIRECTOR <i>Moss-Williams</i> <b>Moss-Williams</b>				ADDRESS <b>Waynesville, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>1-27-61</b> 26. REGISTRAR'S SIGNATURE <i>Paula Spivey</i>		

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 \_\_\_\_\_

Signed Clarence H. Moore

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.