

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007941

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 22

AMENDED

FILED VS MAR 14 1961

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		Length of stay in lb 2 Weeks		c. CITY OR TOWN Carrollton R.F.D. #2		Inside Limits -Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Staton Clinic.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. # 2.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Oca Middle Dee Last Lucas.				4. DATE OF DEATH Month March Day 1 Year 1961									
5. SEX Female		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 3-30-91		9. AGE (last birthday) 69		IF UNDER 1 YEAR Months 11 Days 1 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) Slater Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John Hampton				13b. MOTHER'S MAIDEN NAME Caroline Flanagan				14. NAME OF HUSBAND OR WIFE William Ernest Lucas.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address #2. William E. Lucas (Carrollton R.F.D.)									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary emboli DUE TO (b) Virus influenza DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 10 Min 12 da			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input 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 Feb. 17/61 to Mar. 1/61 and last saw her/him alive on Mar. 1/61 Death occurred at 6:06 P. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) D. Hampton Staton, M.D.						22b. ADDRESS Carrollton, Missouri.			22c. DATE SIGNED Mar 1/61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-4-61		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery.		23d. LOCATION (City, town, or county) Carrollton		STATE Mo.					
24. FUNERAL DIRECTOR Marshall F. Home (Carrollton Mo.)				ADDRESS		25. DATE RECD. BY LOCAL REG. 3-11-61		26. REGISTRAR'S SIGNATURE Mr. Herbert Carter					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.