

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013379

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 415

FILED MAY 1 1961

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Cook	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Chicago 47, Illinois	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Johns Hospital		d. STREET ADDRESS (If outside, give location) 2613 N. Fairfield	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First EDNA Middle MAY Last LUCAS			4. DATE OF DEATH Month April Day 27 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 12/27/1907	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frank B. Rollins		13b. MOTHER'S MAIDEN NAME Clara Loring		14. NAME OF HUSBAND OR WIFE Harold R. Lucas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT 2613 N. Fairfield, Harold R. Lucas, Chicago, Illinois			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Possible Head & Neck Injuries also	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	puncture wound in left chest seemed to be caused by gear shift lever on steering post.	
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. <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.) She was passenger in auto which collided with a truck at intersection of U.S.
20c. TIME OF INJURY Hour approx 10:00 A.M. Month, Day, Year 4/27/61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway intersection	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION S.E. of Springfield	COUNTY Greene STATE Missouri

21. I attended the deceased from approx. 10:10 a.m. to her death and last saw him alive on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph H. Thieme (Degree or title) County Coroner	22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 4/28/61
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/30/61	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	23d. LOCATION (City, town, or county) Hoopeston, Illinois
---	-----------------------------	--	---

24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 4-28-61	26. REGISTRAR'S SIGNATURE Effie S. Melton
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 2 1967

MAY 11 1967

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

Keith Collier

Licensed Embalmer No. 3632

P. O. Address Springfield

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.