SSOURI DIN	/ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
AMENDED	Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 90 STATE PILE NUMBER - ILED APR 1 7 1961
	1. PLACE OF DEATH a. COUNTY Henry 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri Henry admission)
AMENDED	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Vears C. CITY OR TOWN Clinton Inside Limits OR TOWN Clinton
рате А	c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 810 E. Green St. Inside Limits ADDRESS St. Green St. Inside Limits ADDRESS Yes \(\bigcap \text{ No } \Bigcap \) Reside on Farm Yes \(\bigcap \text{ No } \Bigcap \)
	3. NAME OF DECEASED (Type or print) LUCY FRANCES LUCAS 4. DATE Month Day Year OF DEATH April 11, 1961
	5. SEX 6. COLOR OR RACE 7. Married Divorced Coct. 3. 63 97 6. COLOR OR RACE Widowed Divorced Coct. 3. 63 97 6. COLOR OR RACE Widowed Divorced Coct. 3. 63 97 6. COLOR OR RACE Widowed Divorced Coct. 3. 63 97
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home None Pettus Co., Mo. USA
	136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
L L	(Yes, no, or unknown) (If yes, give war or dates of service) None Mrs May Lucas, Clinton, Missouri IB: CAUSE OF DEATH (Enter only one cause per line for the post of the part I. DEATH WAS CAUSED BY: ONST AND DEATH
INSTEAD OF DOCUMENT	Conditions, if any, which gave rise to
SN	above cause (a), stating the under-tying cause last. DUE TO (c) Urlerus release.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 day. The part II. If deceased was female with the pregnancy in last 90 day. The part III. If deceased was female with the pregnancy in last 90 day. The part III. If deceased was female with the pregnancy in last 90 day.
	19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
ID READ	21. I attended the deceased from 7, to 7 and last saw her selive on 7 c elive on 8 m on the date stated above, and to the best of my knowledge, from the causes stated.
SHOULD	22a. SIGNATURE (Declar or title) 22b. ADTRESS. Leuton Nes 4-12-61
A NO. SP	236. BURIAL, OFMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAE (Specify) April 13 1061 Englewood 24. FUNERAL DIRECTOR ADDRESS ENGLESS SIGNATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
BY A	24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Consalus Clinton, Missouri (Licensed Embalmer's Statement on Reverse Side)

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			STATEMENT BY LICENSED EMBALMER				
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	working Student_	under my personal su	pervision.	Signe	d Engene K	Consolu	
	0.00 3		udent Embalmer		Licens	sed Embalmer No. 4680	
	٠.				P. O.	Address Chulon, -us.	
-	with the	Note: The above MUS above constitutes grou fembalmed by a STUE fthis body is not emba	inds for revocatio ENT, he also sha	n of license). Il sign in his OWN	handwriting.	HANDWRITING. (Failure to compl	
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