

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041738
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 402

FILED NOV 21 1961

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Length of stay in 1b 3 days	c. CITY OR TOWN FRANKFORD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MOLLIE MAY LUCAS			4. DATE OF DEATH Month Day Year Nov 12 1961
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR 25 1876
9. AGE (last birthday) 85		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	11. BIRTHPLACE (City and state or country) FRANKFORD Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME GEORGE WILLIAM ROGERS	
13b. MOTHER'S MAIDEN NAME MARY S. OWENS		14. NAME OF HUSBAND OR WIFE ALFRED LUCAS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT Address MRS. CORINNE MONTGOMERY FRANKFORD Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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 Month, Day, Year a.m. p.m.			
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 11/7/61 to 11/12/61 and last saw her him alive on 11/12/61		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) M. J. Roller, M.D.		22b. ADDRESS 2910 St. Marys Ave., Hannibal, Mo.	22c. DATE SIGNED 11/13/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 14 1961	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	23d. LOCATION (City, town, or county) (State) FRANKFORD Mo.
24. FUNERAL DIRECTOR ADDRESS MELBORN FUNL HOME FRANKFORD Mo.		25. DATE RECD. BY LOCAL REG. Nov. 14, 1961	26. REGISTRAR'S SIGNATURE Dr. E. M. Locke by Lillian M. Roman

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 Joe J. Regowan

Licensed Embalmer No. 4092

P. O. Address Frankford 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.