

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012167

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 134

STATE FILE NUMBER

**FILED APR 2 1962**

1. PLACE OF DEATH  
 a. COUNTY Pettis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb 4 years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Pettis  
 c. CITY OR TOWN Smithton Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) \_\_\_\_\_ Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
JAMES E. LUCAS March 30 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Oct. 30, 1887 9. AGE (last birthday) 74  
 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Camden County, Missouri 12. CITIZEN OF WHAT COUNTRY \_\_\_\_\_

13a. FATHER'S NAME Frank Lucas 13b. MOTHER'S MAIDEN NAME Sophia Blevens 14. NAME OF HUSBAND OR WIFE Veta Lucas (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT Coy Lucas, R1, Smithton, Missouri 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) Medullary Paralysis INTERVAL BETWEEN ONSET AND DEATH Min.  
 (b) Cerebro Vascular Thrombosis HRs  
 (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 Dec. 1961 to Mar. 30 and last saw <sup>her</sup>him alive on March 30  
 Death occurred at 6 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arterio Gonzalez 22b. ADDRESS Cole Camp, Mo. 22c. DATE SIGNED 3/31/62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 1, 1962 23c. NAME OF CEMETERY OR CREMATORY Bethlehem Baptist 23d. LOCATION (City, town, or county) Pettis County, Missouri

24. FUNERAL DIRECTOR D. W. HECKART, ADDRESS Gillespie Funeral Home Sedalia, Missouri 25. DATE RECD. BY LOCAL REG. April 1, 1962 26. REGISTRAR'S SIGNATURE Frances Shelby

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1 0808

2 0800

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USE BLACK INK OR TYPEWRITER RIBBON

APR 5 1962

**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 John R. Farmer

Licensed Embalmer No. 5173

P. O. Address Seabolt 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.