

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014080

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 91

DO NOT WRITE ON THIS STUB

AMENDED

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Bates | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Butler | | Length of stay in 1b 25 days | c. CITY OR TOWN Butler |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co. Memorial Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R. F. D. 3 |
| 3. NAME OF DECEASED (Type or print) Charles ----- Lukenbill | | 4. DATE OF DEATH Month April Day 25 Year 1962 | |
| 5. SEX Male | 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 5-4-1875 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 9. AGE (last birthday) 82 86 |
| 13a. FATHER'S NAME Wm. Lukenbill | | 13b. MOTHER'S MAIDEN NAME Francis Allison | 11. BIRTHPLACE (City and state or country) St. Clair Co., Mo. |
| 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. None | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 17. INFORMANT Edna Lukenbill | | 14. NAME OF HUSBAND OR WIFE Edna Lukenbill | |
| 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) pulmonary edema | | 3 hrs. | |
| DUE TO (b) pulmonary embolus | | 24 hrs. | |
| DUE TO (c) carcinoma liver | | 6 months. | |
| 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 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 Mar. 28th '62 to Apr. 25th '62 and last saw her alive on Apr. 25th '62 Death occurred at 4:00A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) L. S. Latture, M.D. | | 22b. ADDRESS 212 N. Main St., Butler, Missouri | 22c. DATE SIGNED 4-27-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-28-1962 | 23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery | 23d. LOCATION (City, town, or county) (State) Butler, Mo. |
| 24. FUNERAL DIRECTOR Culver-Underwood - Butler, Mo. | | 25. DATE RECEIVED BY LOCAL REG. 4-28-1962 | 26. REGISTRAR'S SIGNATURE Mrs. Jean Wilson |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

DATE AMENDED
 VS 300 Rev. 4/59
 1 0071
 2 0070
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 156.1
 10
 11
 12 1-0
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

JAN 31 1963
JUL 10 1963

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 H Underwood
Licensed Embalmer No. 3585

P. O. Address Butler 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.