

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030750

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 189

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 20 1962

VS 300
Rev. 4/59

10425

20425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> | | Length of stay in 1b <u>11 hrs</u> | c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>907 E Green</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) <u>William Howard Lucas</u> | | | 4. DATE OF DEATH <u>Aug 12-1962</u> | | |
| 5. SEX <u>Male</u> | | | 6. COLOR OR RACE <u>White</u> | | |
| 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | | 8. DATE OF BIRTH <u>5 Oct 1947</u> | | |
| 9. AGE (last birthday) <u>14</u> | | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | | 11. BIRTHPLACE (City and state or country) <u>Clinton Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | 13a. FATHER'S NAME <u>Wilbur B Lucas</u> | | |
| 13b. MOTHER'S MAIDEN NAME <u>Opal Puckett</u> | | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | |
| 17. INFORMANT <u>Wilbur H Lucas</u> | | | Address <u>Clinton Mo</u> | | |

| | | |
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| 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 <u>Approx 14 hrs</u> |
| IMMEDIATE CAUSE (a) <u>Lacerations of Brain</u> | DUE TO (b) <u>Gun Shot Wound of Skull</u> | |
| DUE TO (c) _____ | | |

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| 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 | |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) <u>Coroner's Inquest Determined Self Inflicted wound of skull with 22 Cal. Revolver</u> |
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|--|---------------------------------|
| 20c. TIME OF INJURY Hour <u>8</u> a.m. <u>12</u> p.m. | Month, Day, Year <u>8-12-62</u> |
|--|---------------------------------|

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|---|--|---|---------------------|-----------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bridge Culvert</u> | 20f. CITY, TOWN, OR LOCATION <u>Clinton</u> | COUNTY <u>Henry</u> | STATE <u>Mo</u> |
|---|--|---|---------------------|-----------------|

21. I attended the deceased from unattended to _____ and last saw her/him alive on _____
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 21. SIGNATURE (Degree or title) <u>Richard H. King M.D. Henry County Coroner</u> | | 22b. ADDRESS <u>106 S. 3rd Clinton Mo.</u> | 22c. DATE SIGNED <u>8/15/62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>15 Aug 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u> | 23d. LOCATION (City, town, or county) <u>Clinton Mo</u> |
|---|------------------------------|---|---|

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|--|---------------------------|---|--|
| 24. FUNERAL DIRECTOR <u>Sickman-Dunning FH</u> | ADDRESS <u>Clinton Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Aug 15/1962</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> |
|--|---------------------------|---|--|

USE BLACK INK OR TYPEWRITER RIBBON

SEP 20 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

Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.

Robert L. Dunning 8-13-62 W.B. H.P.