

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041086

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **317**

Primary Registration District No. **541**

Registrar's No. **3128**

FILED NOV 5 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton	a. STATE Mo.	b. COUNTY St. Charles
Length of stay in 1b 8 Days		c. CITY OR TOWN Foristell	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		d. STREET ADDRESS RR 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Mary	Middle Lee	Last Luckett	Month October	Day 28	Year 1962
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/3/1903	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home Duties	11. BIRTHPLACE (City and state or country) Foristell, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Oglesby		13b. MOTHER'S MAIDEN NAME Cora Edwards		14. NAME OF HUSBAND OR WIFE Cecil Luckett	
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	17. INFORMANT Cecil Luckett - Foristell, Mo. RR1		

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)	Multiple traumatic injuries	
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. <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 checked="" 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.) Passenger - 1 car accident	
20c. TIME OF INJURY approx 8:00 a.m.	Month, Day, Year 10/20/62		
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.) highway	20f. CITY, TOWN, OR LOCATION Bridgeton	COUNTY St. Louis STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>Raymond Hand</i>		22b. ADDRESS Coroner Clayton, Missouri		22c. DATE SIGNED 11/1/62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23c. NAME OF CEMETERY OR CREMATORY Smith Chapel		23d. LOCATION (City, town, or county) (State) Foristell, Mo.
24. FUNERAL DIRECTOR T.H. Pitman Funeral Home		25. DATE RECD. BY LOCAL REG. 10-29-62		26. REGISTRAR'S SIGNATURE <i>John B. Murphy</i>

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
1 **4002**
2 **0920**
3
4 **3**
5 **1**
6
7 **0**
8 **2**
9 **X**
10
11 **401**
12 **45.3**
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

NOV 28 1962

STATEMENT BY LICENSED EMBALMER

003

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 Howard O. Kesler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.