

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4570

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 36

422

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Clinton mo	
c. LENGTH OF STAY (in this place) ALL LIFE		d. STREET ADDRESS (If rural, give location) 812 E Lincoln	
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 E Lincoln ST			
3. NAME OF DECEASED a. (First) John Harvey b. (Middle) LUCA S c. (Last) LUCA S		4. DATE OF DEATH (Month) (Day) (Year) FEB 16 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 7 1882
9. AGE (In years last birthday) 68 10. UNDER 1 YEAR 8 11. UNDER 1 HR. 9			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIGGING COAL		10b. KIND OF BUSINESS OR INDUSTRY Mining	
11. BIRTHPLACE (State or foreign country) Henry Co mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Lucas		13b. MOTHER'S MAIDEN NAME Lucy Jones	
14. NAME OF HUSBAND OR WIFE Ila 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. 499-10-3593	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hattie Lucas		ADDRESS Clinton mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS		INTERVAL BETWEEN ONSET AND DEATH 1 WK	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ASTHMA		10 YR	
DUE TO (c) CHR. BRONCHITIS		10 YR	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		241X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 19 50 , to Feb. 20, 19 51 , that I last saw the deceased alive on 13 Feb., 1951 , and that death occurred at 6:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Nugh. B. Walker		23b. ADDRESS Clinton, MO	
23c. DATE SIGNED Feb 16 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/51	
24c. NAME OF CEMETERY OR CREMATORY Bethelham cem		24d. LOCATION (City, town, or county) (State) New Clinton mo	
DATE REC'D BY LOCAL REG. Feb-18-51		REGISTRAR'S SIGNATURE Florence Adair	
25. FUNERAL DIRECTOR'S SIGNATURE J. J. Conser		ADDRESS Clinton mo	

RECEIVED 2-26-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 2-26-51

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 _____
Student Embalmer

Signed J. E. Corral

Licensed Embalmer No. 1891

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 this body is not embalmed, fact should be so stated above.