

# STANDARD CERTIFICATE OF DEATH

State File No.

44283

070

1. PLACE OF DEATH  
a. COUNTY TEXAS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MO. b. COUNTY TEXAS

3. NAME OF DECEASED  
a. (First) REBECCA b. (Middle) ANN c. (Last) LUCAS HOSTETTER

4. DATE OF DEATH (Month) (Day) (Year)  
DEC. 27, 1951

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 8. DATE OF BIRTH JULY 14, 1866 9. AGE (In years last birthday) 85 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 11. BIRTHPLACE (State or foreign country) Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS LUCAS 13b. MOTHER'S MAIDEN NAME MARY PATTERSON 14. NAME OF HUSBAND OR WIFE S.W. HOSTETTER (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME JOHN HOSTETTER ADDRESS WILLOW SPRINGS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerosis, Coronary, Severe  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Auricular Fibrillation  
DUE TO (c) Cerebral Embolism

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
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) (Minute)  
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐  
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1950 to 12/27, 1951, that I last saw the deceased alive on 12/18, 1951, and that death occurred at 12/27, 1951 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.B. Perkins, M.D. 23b. ADDRESS Willow Springs, Mo 23c. DATE SIGNED 12/27/51

24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL 24b. DATE DEC. 28, 1951 24c. NAME OF CEMETERY OR CREMATORIUM CLEAR SPRINGS 24d. LOCATION (City, town, or county) (State) CLEAR SPRINGS, MO

DATE REC'D BY LOCAL REG 1-17-52 REGISTRAR'S SIGNATURE Anna Roberts 25. FUNERAL DIRECTOR'S SIGNATURE J. Burns ADDRESS Willow Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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\_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. C. Burns*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3379*

P. O. Address *Willow Springs, 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.