

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31248

State File No.

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5898 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dora, R, Richland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dora, Rural, Richland</u>	
c. LENGTH OF STAY (In this place) <u>47</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>H.</u> c. (Last) <u>Luna</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-13-49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>2-27-02</u>		9. AGE (In years last birthday) <u>47</u>		10. AGE (In years last birthday) # UNDER 1 YEAR Months Days Hours Min. <u>6 13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gaineville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Tom Luna</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Owens</u>		14. NAME OF HUSBAND OR WIFE <u>Minda Collins Luna</u>	
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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'S SIGNATURE OR NAME ADDRESS <u>Gene Cusley Dora, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic Myocarditis</u>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
*This does not mean the mode of dying, such as failure, asphyxia, or suffocation, or the direct cause, such as pneumonia, or complications which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4222	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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. 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 9-8 1949 to 9-13, 1949, that I last saw the deceased alive on 9-13, 1949, and that death occurred at 9:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Callahan</u> (Deputy or title)		23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>9-13-49</u>	
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24a. BURIAL CREMATION <u>Burial</u>		24b. DATE <u>9-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ball</u>		24d. LOCATION (City, town, or county) (State) <u>Dora, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>9-27-49</u>		REGISTRAR'S SIGNATURE <u>William Cogwell</u>		405 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Winkingbeard Funeral Home, Ava, Mo.</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED OCT 4 1949

District Health Office No. 6,

District File Number 1049-6099

Date Filed 10-11-49

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

Charles R. Fish

Licensed Embalmer No. 7662

P. O. Address Ava, 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.