S. No. 300
v. 10.46

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

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 907

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 3021 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wright Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galt 0400
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle): LUNSFORD
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 1-2-1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-21-1883
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Forest City Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Robt Lunsford
13b. MOTHER'S MAIDEN NAME: Keziah Pilbington
14. NAME OF HUSBAND OR WIFE: Cora Lunsford
15. WAS DEceased EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ernest Lunsford
ADDRESS: Galt 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Do not Know
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

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) m.:
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* 1-2, 1950, *to* 1-2, 1950, *that I last saw the deceased alive on* 1-2, 1950, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Oliver F. Coffey (Degree or title) MD
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: Jan 6th 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-5-50
24c. NAME OF CEMETERY OR CREMATORY: Oregon Mo Cem
24d. LOCATION (City, town, or county) (State): Oregon Mo.

DATE REC'D BY LOCAL REG.: Jan 6th 50
REGISTRAR'S SIGNATURE: Irene Fair
25. FUNERAL DIRECTOR'S SIGNATURE: P K Payne
ADDRESS: Galt Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 20 1950

RECEIVED
JAN 10 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 P. K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.