

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27864

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Motely</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u> 0210	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>204 S. Edson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital.</u>			

3. NAME OF DECEASED a. (First) <u>Alpha</u> b. (Middle) _____ c. (Last) <u>Lunce</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1950.</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar. 23 1884</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Chillicothe Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Givers</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Lunce</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Lunce</u> ADDRESS <u>Salisbury Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, general</u>			
		DUE TO (c) <u>Chronic Pancreatitis</u>		4201	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>23 Aug 50.</u>		19b. MAJOR FINDINGS OF OPERATION <u>acute pancreatitis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 Aug 22, 1950, to Sept 2, 1950, that I last saw the deceased alive on Sept 2, 1950, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Motely Mo</u>		23c. DATE SIGNED <u>Sept 5 1950</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>9-5-50</u>		24c. NAME OF GEMETERY OR CREMATORY <u>Salisbury Cem</u>	
24d. LOCATION (City, town, or county) <u>Salisbury</u>		24e. LOCATION (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-5-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Salisbury Mo</u>	

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

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Date Received: SEP 12 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 9-50-13  
Date Filed: SEP 12 1950

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Charles Winkelmayer*

Licensed Embalmer No. 3842

P. O. Address *Salisbury, Ma*

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.