No. 300
10.48

XC-UNKNOWN
REG. #89612 FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35765

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2497

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BRKS., MO.
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET ADM HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: 8120
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): O'FALLON 8
d. STREET ADDRESS (If rural, give location): 507 WEST WASHINGTON

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

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 14, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2/28/77
9. AGE (In years last birthday): 73 — If under 1 year: Months 7, Days 16 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COAL MINER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MONTGOMERY CO., ILL.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE LUNSFORD
13b. MOTHER'S MAIDEN NAME: SUSAN LOWMAN
14. NAME OF HUSBAND OR WIFE: NELLIE LUNSFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: VA HOSPITAL RECORDS — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) NEOPLASM OF UNDETERMINED SITE — INTERVAL BETWEEN ONSET AND 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.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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* 10/9, 1950, *to* 10/14, 1950 *and that death occurred at* 7:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Stanley M. Nash
(Degree or title): M.D.
23b. ADDRESS: VAH, JEFF BRKS., MO.
23c. DATE SIGNED: 10-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 10-16-50
24c. NAME OF CEMETERY OR CREMATORY: O'Fallon City
24d. LOCATION (City, town, or county) (State): O Fallon Ill

DATE REC'D BY LOCAL REG.: OCT 16 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Rowland Mortuary Service Inc
ADDRESS: Chester Ave. St. Louis 10, 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 Van M. Sizemore

Signed.....
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address St Louis 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.