

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 1 1951

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5391 Registrar's No. 7

330

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Texas Twp</u>		c. LENGTH OF STAY (In this place) <u>25 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Texas Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Near Rhyse, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u>		b. (Middle) <u>E</u>	
c. (Last) <u>Lunn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/16/51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) <u>Married</u>	8. DATE OF BIRTH <u>3/27/1886</u>
9. AGE (In years last birthday) <u>74</u>		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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Gustave Lunn</u>	
13b. MOTHER'S MAIDEN NAME <u>Christina Swanson</u>		14. NAME OF HUSBAND OR WIFE <u>May Lunn</u>	
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>May Lunn, Rhyse, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Esophagus</u> 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. <u>Had stomach removed last summer</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Last year</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	
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 <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 <u>1849</u> , to <u>Jan</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 15</u> , 19 <u>51</u> , and that death occurred at <u>4:00a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lulu Randall MD</u>		23b. ADDRESS <u>Lukung 9th</u>	
23c. DATE SIGNED <u>1-18-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/18/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl K. Spencer, Inc.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-51</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by Mrs. 83</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 29 1951

RECEIVED

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 _____

Wm. W. McDonald

Signed.....
Student Embalmer

Licensed Embalmer No. *3806*

P. O. Address *Salem, 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.