

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34661

State File No.

No. 300
10.48

FILED OCT 17 1951

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Buchanan Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. N.W. Green City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Jasper</u> c. (Last) <u>Lunsford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1951</u>
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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>Sept. 10, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>29</u>	IF UNDER 48 HRS. Hours <u>---</u> Min. <u>---</u>
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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>Gen. Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Peter Lunsford</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Kindly</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Conkin Lunsford</u>
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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>Lemuel F. Lunsford</u> ADDRESS <u>Box 332, Marina, California</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Third degree burns</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary ten (10) per cent</u> DUE TO (c) <u>of body</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E9171</u>	

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.) <u>Farm home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>105</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 17, 1951 7 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Green City, Mo</u>
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22. I hereby certify that I attended the deceased from Sept 17, 1951, to Oct. 9, 1951, that I last saw the deceased alive on Oct. 9, 1951, and that death occurred at 5:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Deponent or title) <u>L. W. McDonald</u>	23b. ADDRESS <u>202 Elmwood</u>	23c. DATE SIGNED <u>MO 9-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 12, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Haynes Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-12-51</u>	REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Kent & Son</u>	ADDRESS <u>Green City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNEADING BLACK INK--MAKE A PERMANENT RECORD

860
0

69619 8 003 SA

Date Received: OCT 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-18
Date Filed: OCT 15 1951

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City 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.