

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11308

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5131		Registrar's No. 418			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Tremont Twp.		c. LENGTH OF STAY (In this place) 10 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Tremont Twp.		0110 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, RR #1, Agency				d. STREET ADDRESS (If rural, give location) R.F.D. # 1					
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Lunsford			4. DATE OF DEATH (Month) (Day) (Year) 4 13 1954						
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1/16/1876		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Forest City, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME Frank Lunsford			13b. MOTHER'S MAIDEN NAME Rose King		14. NAME OF HUSBAND OR WIFE Ida Lunsford				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Ida Lunsford, Agency, Mo.				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Lobar Pneumonia DUE TO (c) Acute Lobar Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		490X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 April 16, 1954, to April 18, 1954, that I last saw the deceased alive on April 17, 1954, and that death occurred at 1:10 p.m., from the causes and on the date stated above.									
23a. SIGNATURE M.H. Moore, M.D. (Dress or title)			23b. ADDRESS Dearborn 710			23c. DATE SIGNED Apr 20, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/20/1954	24c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery		24d. LOCATION (City, town, or county) Agency Mo.		(State)		
DATE REC'D BY LOCAL REG. April 23, 1954	REGISTRAR'S SIGNATURE Esther M. Allison		485-25 FUNERAL DIRECTOR'S SIGNATURE John H. Murray		ADDRESS Gower, 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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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.