

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15489**

FILED JUN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5446 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stanberry Rural Cooper</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Stanberry Cooper Twp</b>	
c. LENGTH OF STAY (in this place) <b>7 yrs.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S. W. Of Stanberry 4 miles</b>		d. STREET ADDRESS (If rural, give location) <b>0380</b>	

3. NAME OF DECEASED (Type or Print) <b>Mr. Walter Alexander Lunsford</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 7 1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 2 1882</b>	9. AGE (In years last birthday) <b>72</b>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Gentry, Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>George A. Lunsford</b>	13b. MOTHER'S MAIDEN NAME <b>Ora Charlotte Hulet</b>	14. NAME OF HUSBAND OR WIFE <b>Jennie Noble Lunsford</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jennie N. Lunsford Stanberry</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis and Hypertension years</b>		
	DUE TO (c) <b>(Unknown)</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease years</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 June 7, 1954, to Death, 1954, that I last saw the deceased alive on June 7, 1954, and that death occurred at 12 15 pm from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clifford R. Barlin M.D.</b>		23b. ADDRESS <b>Stanberry, Mo.</b>		23c. DATE SIGNED <b>Jun 8, 1954</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>6/9/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carter Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>N. W. Of New Hampton Mo</b>	
DATE REC'D BY LOCAL REG. <b>June 9-54</b>	REGISTRAR'S SIGNATURE <b>Maudie Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Luby G. Huelber</b>	ADDRESS <b>Stanberry Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
0380

**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 \_\_\_\_\_

*L. F. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Staten Island NY*

**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.