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

FILED DEC 10 1954

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

State File No. 39819

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6098 Registrar's No. 43

**1. PLACE OF DEATH**
a. COUNTY Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lancaster Mo Liberty
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo Iowa
b. COUNTY Davis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ottumwa Iowa
d. STREET ADDRESS (If rural, give location) 8.14 0 8

**3. NAME OF DECEASED** (Type or Print)
a. (First) HAROLD Harold
b. (Middle) GENE Gene
c. (Last) LUNSFORD Lunsford

**4. DATE OF DEATH** (Month) Dec (Day) 5 (Year) 1954

**5. SEX** M
**6. COLOR OR RACE** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) D
**8. DATE OF BIRTH** July 10-1930
**9. AGE** (In years last birthday) 24 — IF UNDER 1 YEAR Months 4 Days 25 — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)
**10b. KIND OF BUSINESS OR INDUSTRY** farmer & factory worker
**11. BIRTHPLACE** (State or foreign country) Not Known
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Gale Lunsford
**13b. MOTHER'S MAIDEN NAME** Ola Harris
**14. NAME OF HUSBAND OR WIFE** —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) yes
**16. SOCIAL SECURITY NO.** 483-28-2775
**17. INFORMANT'S SIGNATURE OR NAME** Gerald Lunsford — ADDRESS Bloomfield Iowa

**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) Fractured 3rd-4th-6th Cervical Vert.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Internal Hemorrhages
DUE TO (c) Automobile Accident

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Multiple Abrasions & Lacerations

INTERVAL BETWEEN ONSET AND DEATH

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

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 63
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) Liberty Township, Schuyler (STATE) Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** Automobile Accident

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* 12:37 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree of title) Carl J. Larson Coroner Dr. Lancaster Mo
**23b. ADDRESS**
**23c. DATE SIGNED** 12-5-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Dec 7 1954
**24c. NAME OF CEMETERY OR CREMATORY** Bloomfield
**24d. LOCATION** (City, town, or county) Bloomfield (State) Iowa

**DATE REC'D BY LOCAL REG.** Dec. 6. 54
**REGISTRAR'S SIGNATURE** Mrs. R. J. Drake 353-70
**25. FUNERAL DIRECTOR'S SIGNATURE** Morehead & Norman — ADDRESS Lancaster Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1958

DEC 28 1956

## 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 Noval E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.