

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1742**  
Registrar's No. **6**

BIRTH NO. _____		REG. DIST. NO. <b>207</b>		PRIMARY REG. DIST. NO. <b>4319</b>		Registrar's No. <b>6</b>	
1. PLACE OF DEATH a. COUNTY <b>Maries</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Belle, Missouri</b>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gerald</b>			<b>0360</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>City</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Carl</b>		b. (Middle) <b>G.</b>		c. (Last) <b>Lunsford</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <b>Aug. 26, 1931</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Linco-n Mercury</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Corb M. Lunsford</b>		13b. MOTHER'S MAIDEN NAME <b>Genett Burrow</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wd or dates of service) <b>Yes 1948-1950</b>		16. SOCIAL SECURITY NO. <b>486-32-0094</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Genett Lunsford</b>		ADDRESS <b>Gerald, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured spine</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>automobile accident</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
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) <b>063</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <b>2:05 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>McBrimingham Carmel</b>				23b. ADDRESS <b>Maries County, Mo.</b>		23c. DATE SIGNED <b>2/11/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-8-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Beouff Presbyterian</b>		24d. LOCATION (City, town, or county) (State) <b>Gerald, Franklin Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-11-55</b>		REGISTRAR'S SIGNATURE <b>Pauline Howard</b>		SPECIAL REGISTRAR'S SIGNATURE <b>W. Meyer</b>		ADDRESS <b>Gerald Mo</b>	

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

1956 FEB 14

FEB 14 1956

FEB 25 1955

**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 Stanley E. Driyer

Licensed Embalmer No. 4639

P. O. Address Gerald, 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.