

10.300
10.48

FILED OCT 5 - 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29944**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **387**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY OR TOWN Joplin	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Day		STREET ADDRESS (If rural, give location) 2808 Pearl. 2490	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Hugo b. (Middle) _____ c. (Last) Lundman	4. DATE OF DEATH (Month) (Day) (Year) 9-19-1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-21-1894	9. AGE (In years last birthday) Months Days Hours Min. 61
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) Supt Acid Line	10b. KIND OF BUSINESS OR INDUSTRY Atlas Powder Co.	11. BIRTHPLACE (City and State or Foreign Country) Dollarbay Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Isaac Lundman	13b. MOTHER'S MAIDEN NAME Amenda	14. NAME OF HUSBAND OR WIFE Eleanor Lundman
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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. 364 05-5334	17. INFORMANT'S SIGNATURE OR NAME Eleanor Lundman ADDRESS Joplin Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Calcific Aortic Stenosis	ANTECEDENT CAUSES		Unknown
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (b) 4211		
	DUE TO (c) Hemorrhagic Scleritis		1 week

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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 **6-29**, 19**55**, to **9-18**, 19**55**; that I last saw the deceased alive on **9-18**, 19**55** and that death occurred at **1:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Kohler, MD	23b. ADDRESS 805 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 9/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 9-21-1955	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	24d. LOCATION (City, town, or county) (State) West City Mo.
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DATE REC'D BY LOCAL REG. 9-27-55	REGISTRAR'S SIGNATURE W. S. Sampkins	25. FUNERAL DIRECTOR'S SIGNATURE Thomhill Dileon ADDRESS Mt. Joplin Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed OCT 3 1955

OCT 21 1955

OCT 6 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
Signature of Student Embalmer

Signed David DeLeon

Licensed Embalmer No. 38

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.