

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17189

State File No.

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4370 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> <u>0740</u>	
b. CITY OR TOWN <u>Glearmont</u> <u>4</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Quitman</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waller Nursing Home</u>		f. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u> b. (Middle) <u>(None)</u> c. (Last) <u>LUNDEEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1956</u>
5. SEX <u>M</u> <u>D</u> <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>6-30-1882</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 12 HRS: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Atchison County Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
13a. FATHER'S NAME <u>JOHN LUNDEEN</u>		13b. MOTHER'S MAIDEN NAME <u>AGUSTA LARSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	
16. SOCIAL SECURITY NO. _____			

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		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombotic Encephalomalacia</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) <u>?</u>	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 May 17, 1956, to May 23, 1956, that I last saw the deceased alive on May 22, 1956, and that death occurred at 8:30 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald S. Hayes</u> D.O. <u>2</u>		23b. ADDRESS <u>Elmo, Missouri</u>		23c. DATE SIGNED <u>29 May 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-26-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OHIO CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Burlington N.C. Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-1-56</u>	REGISTRAR'S SIGNATURE <u>Kess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Elmo, Missouri</u>		

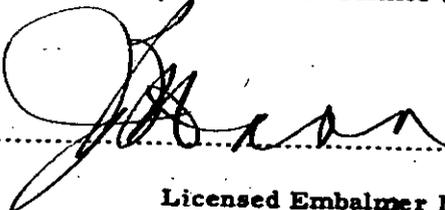
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 29

P. O. Address Burlingame, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.