

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57021190  
STATE FILE NUMBER  
2852

FILED JUL 8 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2852

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LONE JACK		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IS. ADM. HOSPITAL		Length of stay in 1b 23 DAYS		d. STREET ADDRESS 0190 0 (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last CHESTER O. LUNT				4. DATE OF DEATH Month Day Year June 15 1957				
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH November 7, 1903 53		9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Warfield, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Chesley Lunt				14. MOTHER'S MAIDEN NAME Anna Perry				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 703-01-8158		17. INFORMANT Address Official VA Hospital Records, K. C. Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute and chronic Bilateral Pyelonephritis-Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bilateral ureteral obstruction DUE TO (c) Carcinoma of the Prostate w/metastases							INTERVAL BETWEEN ONSET AND DEATH 177+	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. attended the deceased from May 22, 1957 to June 15, 1957 and last saw him alive on XXXXXXXXXXXXXXXX Death occurred at 10:40 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE MOND YUN (George in title) Richard Y. Yun - D.D.				22b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo.		22c. DATE SIGNED 6-16-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE-18-1957	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
24. FUNERAL DIRECTOR D.W. Newcomer's Sons			ADDRESS 1331 BAUSCH CTR K.C. Mo.	25. DATE RECD. BY LOCAL REG. 6-18-57		26. REGISTRAR'S SIGNATURE Irene Marshall		

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 *Robert Ray*.....

Licensed Embalmer No. *412*.....

P. O. Address *K. C., 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..