

FILED AUG 14 1957

THE DIVISION OF STATISTICS
STANDARD CERTIFICATE OF DEATH23732
STATE FILE NUMBERRegistration District No. 43 Primary Registration District No. 3007 Registrar's No. 480

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| 1. PLACE OF DEATH a. COUNTY BRADDOCK Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STODDARD | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR HIGHWAY 107 1/2 NORTH, 300 Near VA Hosp. POPLAR BLUFF, MO | | c. CITY OR TOWN BROWNWOOD, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAME AS ITEM "B" Length of stay in lb | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MARTIN Middle HANSON Last LUND | | | 4. DATE OF DEATH Month JULY Day 30, Year 1957 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1-3-88 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE | 9. AGE (In years last birthday) 69 |
| 11. BIRTHPLACE (City and state or country) HAGERSVILLE, ARKANSAS | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME HANS PETER LUND | | 14. MOTHER'S MAIDEN NAME GEORGIA ANN LARUE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT VA HOSPITAL RECORDS Address |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PUNCTURE OF LEFT LUNG. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DEPRESSED MULTIPLE FRACTURE OF RIBS OF LEFT CHEST. DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) LACERATION OF CHIN AND POSSIBLE CEREBRAL CONCUSSION. | | | 19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" 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.) AUTOMOBILE FAILED TO MAKE CURVE AND RAN INTO DITCH. | | |
| 20c. TIME OF INJURY Hour 5:00 p. m. Month, Day, Year 7-30-57 | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY 51 NEAR ARAB, MO. | 20f. CITY, TOWN, OR LOCATION ARAB | 20g. STATE MISSOURI |
| 21. DEATH OCCURRED AT 8:15 P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | Viewed body on July 30, 1957 |
| 22a. SIGNATURE (Deduce or Print) Edward W. Cline, M.D. | | 22b. ADDRESS POPLAR BLUFF, MISSOURI | 22c. DATE SIGNED 7-30-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-1-57 | 23c. NAME OF CEMETERY OR CREMATORY Morgan | 23d. LOCATION (City, town, or county) (State) Advocate, Mo. |
| 24. FUNERAL DIRECTOR W. H. Morgan | ADDRESS Advocate, Mo. | 25. DATE RECD. BY LOCAL REG. 8/2/57 | 26. REGISTRAR'S SIGNATURE PA Thunicee |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED
AUG 12 1967

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

W^m H. Sney

Licensed Embalmer No. 46

P. O. Address Adrian

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.