

DOWN

Health,  
Welfare  
Public  
ServiceTHE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31455

STATE FILE NUMBER

FILED SEP 16 1957

Registration District No. 128

128

Primary Registration District No. 2000

2000

Registrar's No. 874

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>SPRINGFIELD</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HANDLEY MEMORIAL HOSPITAL</b>		Length of stay in lb <b>40 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>734 E. Madison</b>	
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>WILBUR</b> Last <b>LUNBECK</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>5</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 30, 1872</b>	9. AGE (In years last birthday) <b>85</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired railroad Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Engineer</b>		11. BIRTHPLACE (City and state or country) <b>Chillicothe, Ohio</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired railroad Engineer</b>			11. BIRTHPLACE (City and state or country) <b>Chillicothe, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>William Henry Lunbeck</b>			14. MOTHER'S MAIDEN NAME <b>Susan Carson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Wm. C. Lunbeck, Denver, Colo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio-Pulmonary Disease</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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. I attended the deceased from <b>9/1/57</b> to <b>9/5/57</b> and last saw <del>her</del> <b>him</b> alive on <b>9/4/57</b> Death occurred at <b>7:00 a. m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Lyman H. Brown M.D.</b>			22b. ADDRESS <b>311 1/2 College</b>		22c. DATE SIGNED <b>9/10/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-6-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>AYRE-GOODWIN, Inc. Springfield</b>			25. DATE RECD. BY LOCAL REG. <b>9-12-57</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All 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

MEDICAL CERTIFICATION

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 *Lucian T. Sullivan*

Licensed Embalmer No. *118*

P. O. Address *Spring*

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.