Health, Welfare Public Service

300 1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32857

STATE FILE NUMBER

FILED SEP 18 1957

Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 142

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN: Little River — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: R. 1 — Length of stay in Hospital: 1 Hour

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Pascola — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Larry Middle: Eugene Last: Luna

4. DATE OF DEATH: Month: Aug. Day: 4 Year: 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-24-1946

9. AGE (In years last birthday): 10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: x

11. BIRTHPLACE (City and state or country): Pascola, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Luna

14. MOTHER'S MAIDEN NAME: Cora Ella Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x

16. SOCIAL SECURITY NO.: x

17. INFORMANT: Edward Luna Address: Pascola, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Drowned
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 9298
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 42

INTERVAL BETWEEN ONSET AND DEATH:

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Drowned while swimming

20c. TIME OF INJURY: Hour a. m. p. m. 3:30 P.M. Month, Day, Year 8-4-57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Drainage Ditches

20f. CITY, TOWN, OR LOCATION: Near Wardell COUNTY: Pemiscot STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James A. Osburn (Degree or title) Coroner

22b. ADDRESS: Wardell, Mo.

22c. DATE SIGNED: 8-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-6-57

23c. NAME OF CEMETERY OR CREMATORY: Wardell Memorial

23d. LOCATION (City, town, or county) (State): Wardell, Mo.

24. FUNERAL DIRECTOR ADDRESS: Osburn Funeral Home, Wardell, Mo.

25. DATE REC'D BY LOCAL REG.: 8-8-57

26. REGISTRAR'S SIGNATURE: John W. German

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

9-239-57

SEP 16 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 James G. Osburn

Licensed Embalmer No. 418

P. O. Address Wardell, M

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.