FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY Greene
b. ~~CITY~~ (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Johns — Length of stay in Ib 12 days

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

3. NAME OF DECEASED (Type or print) First: Orville Middle: Leonard Last: Luna
4. DATE OF DEATH Month: Feb. Day: 2 Year: 1958
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug. 13, 1901
9. AGE (In years last birthday): 56 — 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): Barber
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Zanoni Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Zachary T. Luna
14. MOTHER'S MAIDEN NAME: Mary Ratliff
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1926-1927
16. SOCIAL SECURITY NO.: 500-36-7546
17. INFORMANT: Ollie Luna — Address: Mansfield

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) Hepatic coma — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Laennec's cirrhosis — unknown
DUE TO (c) Chronic alcoholism — 30 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 5811
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-20-58, to 2-2-58 and last saw her/him alive on 2/1/58
Death occurred at 12:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Andrew [illegible] (Degree or title) M.D.
22b. ADDRESS: 609 Cherry-Springfield, Mo.
22c. DATE SIGNED: 2-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 2-1958
23c. NAME OF CEMETERY OR CREMATORY: Mansfield
23d. LOCATION (City, town, or county) (State): Mansfield Mo.

24. FUNERAL DIRECTOR: Max L. Miller — ADDRESS: Mansfield Mo.
25. DATE RECD. BY LOCAL REG.: 2-4-58
26. REGISTRAR'S SIGNATURE: Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4

P. O. Address Mangie

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.