

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033139

STATE FILE NUMBER

65325-58
FILED SEP 16 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 378

300

-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence 90050 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hosp.		Length of stay in lb 2 Hrs.	d. STREET ADDRESS 1130 Haden (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PATRICIA Middle GEAN Last LUNCEFORD			4. DATE OF DEATH Month Sept. Day 3, Year 1958
5. SEX Female	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 Sept. 3, 1958
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 2 Min. 07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Independence, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert E. Lunceford	
13b. MOTHER'S MAIDEN NAME Mary Jane STEFANICKA		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Robert E. Lunceford, Indep., Mo. 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) Respiratory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atelectasis DUE TO (c) Premature & immature birth			INTERVAL BETWEEN ONSET AND DEATH from birth from birth from birth
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"/> 7625
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.) 2	
20c. TIME OF INJURY Hour 4:03 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 9-3-58 to 9-3-58 and last saw her alive on 9-3-58 Death occurred at 4:03 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Jamert Van Riba, M.D. (Degree or title)		22b. ADDRESS 317 W Kansas Indep Mo	22c. DATE SIGNED 9-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 5, 1958	23c. NAME OF CEMETERY OR CREMATORY St Marys	23d. LOCATION (City, town, or county) (State) Indep Mo.
24. FUNERAL DIRECTOR Ott & Mitchell, Indep., Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 9-5-58	26. REGISTRAR'S SIGNATURE Jamert Van Riba

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Jason T. White

Licensed Embalmer No. *4925*

P. O. Address *Indep. St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure 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.