

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004794

FILED VS JAN 18 1960

Registration District No. 381 Primary Registration District No. 6177 Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri . COUNTY Sullivan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buchanan Twp.		Length of stay in lb Life		c. CITY OR TOWN Green City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9 mi. N. Green City		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Sylvia Middle C. Last Lunsford				4. DATE OF DEATH Month 1 Day 8 Year 60				
5. SEX Female	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 1/23/1905	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (City and state or country) Green City, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Noah Payne			13b. MOTHER'S MAIDEN NAME Scena Kelley		14. NAME OF HUSBAND OR WIFE Francis Lunsford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None	17. INFORMANT Address Francis Lunsford, Green City, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Occlusion							INTERVAL BETWEEN ONSET AND DEATH 8 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY Sclerosis							2 years	
DUE TO (c) General Arteriosclerosis							7 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary Hypertension - 5 years					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 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 June 13, 1952 to Jan 8, 1960 and last saw her alive on Dec 23 1959 Death occurred at 2 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) RD Smith DO.				22b. ADDRESS Green City, Mo		22c. DATE SIGNED 1-9-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/10/1960	23c. NAME OF CEMETERY OR CREMATORY Haynes Cemetery		23d. LOCATION (City, town, or county) Putnam Co., Mo.		(State)		
24. FUNERAL DIRECTOR ADDRESS Allen E. Kenton, Green City, Mo			25. DATE RECD. BY LOCAL REG. 1-13-60		26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greensboro

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.