

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022550

FILED VS JUL 6 1960

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 263

STATE FILE NUMBER

INDEXED

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|---|--|---|--|--|--|--|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hondo In TWP</u> | | Length of stay in 1b <u>3 Years</u> | | c. CITY OR TOWN <u>Jackson</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. # 3</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 3</u> | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>O.</u> Last <u>Lunsford</u> | | | | 4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1960</u> | | | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>7/30/1928</u> | 9. AGE (last birthday) <u>36</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours | Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>International Implement Co.</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Beuna Vista, Ky</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | | | |
| 13a. FATHER'S NAME <u>Robert Lunsford</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lizzie Benton</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Carol Farrow Lunsford</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes W.W. # 2</u> | | | 16. SOCIAL SECURITY NO. <u>488-28-8045</u> | | 17. INFORMANT Address <u>Carol Lunsford-Jackson, Mo.</u> | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u> | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> | | | |
| 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) <u>Couldn't swim.</u> | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Accident</u> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Tried to save 2 other people from drowning, & drowned himself</u> | | | | | | | |
| 20c. TIME OF INJURY Hour <u>2:30</u> p.m. Month, Day, Year <u>6-22-60</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>Indian Creek</u> | | | | | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Indian Creek</u> | | 20f. CITY, TOWN, OR LOCATION <u>Rt. # 4, Jackson, Cape Girardeau, Mo.</u> | | |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>2:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | |
| 22a. SIGNATURE <u>Walter J. Ford</u> (Degree or title) <u>Coroner</u> | | | | 22b. ADDRESS <u>Cape Girardeau, Mo.</u> | | | | 22c. DATE SIGNED <u>6-24-60</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>6/25/1960</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Lorimier Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u> | | | | | |
| 24. FUNERAL DIRECTOR <u>L. L. Haman-Cape Girardeau, Mo.</u> ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <u>6-26-60</u> | | 26. REGISTRAR'S SIGNATURE <u>Gene Karter</u> | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

JUL 25 1960

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 Howard B. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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.