

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031254

FILED VS. SEP 12 1960

Registration District No. 184 Primary Registration District No. 5688 Registrar's No. 108

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>LINN</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BUCKLIN, TWP LIFELINE</u>		Length of stay in 1b	c. CITY OR TOWN <u>BUCKLIN</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>Route #1.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route #1.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GUSTAF</u> Middle <u>F.</u> Last <u>LUNDIN</u>			4. DATE OF DEATH Month <u>9</u> Day <u>1</u> Year <u>60</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-13-1871</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bucklin, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PETER C. LUNDIN</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE PEGER</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT Address <u>FRED LUNDIN, Bucklin 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>CORONARY EMBOLISM</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Immed.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>						
DUE TO (c) <u>SENILITY</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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						
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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>12:30</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Leadville, Missouri</u>		22c. DATE SIGNED <u>9-2-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>SEP 13, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>Bucklin, Mo</u>			
24. FUNERAL DIRECTOR <u>LARSON FUNERAL SERVICE</u>		ADDRESS <u>Bucklin Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-3-1960</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson reg</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. A. Larson

Licensed Embalmer No. 403

P. O. Address Bucklin

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.