

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002082

FILED VS. JAN 10 1961 3 83

Registration District No. 2 83 Primary Registration District No. 5655 Registrar's No. 135

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>NEW JERSEY</u> b. COUNTY <u>HUDSON</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JERSEY CITY</u>		Length of stay in 1b		c. CITY OR TOWN <u>JERSEY CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR <u>CAR ACCIDENT</u> INSTITUTION <u>HIGHWAY 166 - 5 MI. E. MT. VERNON, MO.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>54 ARMSTRONG AVE.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>E.</u> Last <u>LUNDBERG</u>				4. DATE OF DEATH Month <u>1</u> Day <u>7</u> Year <u>1961</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>3-24-39</u>		9. AGE (last birthday) <u>21</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WESTERN ELECTRIC</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>JERSEY CITY, N.J. USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>FRANK LUNDBERG</u>				13b. MOTHER'S MAIDEN NAME <u>FRANCES ANDERSON</u>				14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>				16. SOCIAL SECURITY NO.				17. INFORMANT <u>PAKENHAM FUNERAL H. JERSEY CITY N.J.</u> 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) <u>Broken Neck</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) 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 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 _____ s.m. _____ p.m. _____ 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.) <u>Hiway 166-5mi E. Mt. Vernon, Lawrence, Mo.</u>				20f. CITY, TOWN, OR LOCATION <u>Lawrence, Mo.</u>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>Edwin Wilber Corner</u> Degree or title _____						22b. ADDRESS <u>Pine City, Mo.</u>				22c. DATE SIGNED <u>1-7-61</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>1-11-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>N.Y. BAY CEMETERY</u>				23d. LOCATION (City, town, or county) (State) <u>JERSEY CITY N.J.</u>							
24. FUNERAL DIRECTOR <u>PAKENHAM FUNERAL HOME JERSEY CITY, N.J.</u>				25. DATE RECD. BY LOCAL REG. <u>1-8-1961</u>				26. REGISTRAR'S SIGNATURE <u>H. L. Louett</u>							

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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 W H Fossell

Licensed Embalmer No. 2201

P. O. Address Mt Vernon

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.