

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001199

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 220 STATE FILE NUMBER

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY Greene County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Neb. b. COUNTY Antelope	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	Length of stay in 1b 1 Hour	c. CITY OR TOWN Neligh Neb.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Springfield R.R. Station		d. STREET ADDRESS 706 Mist	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ralph Middle Arthur Last Lungquift Lundquist			4. DATE OF DEATH FEB 5, 1962	
5. SEX Male	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 12-16-96	9. AGE (last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Automobile Dealer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Valley Neb.	12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Nels Lungquift Lundquist		13b. MOTHER'S MAIDEN NAME Charlotte Larsen		14. NAME OF HUSBAND OR WIFE Rose Lungquift Lundquist	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO.		17. INFORMANT Lundquist Address 9A Rose Lungquift Neligh Neb.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be natural causes		INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs
DUE TO (b) UNATTENDED BY A PHYSICIAN		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Coroner of Greene County notified.		

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	
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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.) Deceased became ill on train between Kansas City and Springfield, Missouri. He was DOA at Springfield, Mo. He was pronounced dead by Dr. H.A. Lowe, Jr. His wife stated he had had several previous heart attacks.	
20c. TIME OF INJURY Hour _____ a.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.)	20f. CITY, TOWN, OR LOCATION Neligh COUNTY _____ STATE _____

21. I attended the deceased from _____ ~~xx~~ saw her/him alive on _____
Death occurred at **Probable 3:00 AM** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. E. Decker Jr.</i> (Degree or title) M.D. Greene County Health Officer	22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 2-7-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-5-62	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill	23d. LOCATION (City, town, or county) Neligh Neb.
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24. FUNERAL DIRECTOR Hoepfinger Funeral Home	ADDRESS Neleigh Neb	25. DATE RECD. BY LOCAL REG. 2-8-62	26. REGISTRAR'S SIGNATURE <i>Effie E. Melton</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 3/9/62
 INSTEAD OF
 Lungquift
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 3, 13, 14, 17
 Lungquift
 BY AFFIDAVIT OF Informant
 Lungquift

FEB 27 1962

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 Bess M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield

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.