

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031153

3961

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3961

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 20 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City Mo</b> Length of stay in 1b <b>1 Day</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> c. CITY OR TOWN <b>Independence</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>9525 East 15th</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Wilson</b> Middle <b>T</b> Last <b>Lundy Sr.</b>		<b>4. DATE OF DEATH</b> Month <b>July</b> Day <b>29</b> Year <b>1962</b>	
<b>5. SEX</b> Male	<b>6. COLOR OR RACE</b> White	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>10-1-1918</b>
<b>9. AGE</b> (last birthday) <b>43</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired) <b>Pipe Fitter</b> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Sheffield Steel</b>	
<b>11. BIRTHPLACE</b> (City and state or country) <b>Milton Florida</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U S A</b>	
<b>13a. FATHER'S NAME</b> <b>B.H. Lundy Sr.</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Willa Leonard</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Sadie Lundy</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) <b>Yes</b> (If yes, give year or dates of service) <b>W.W. 11</b>	
<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> Address <b>Sadie Lundy 9525 East 15th Independence</b>	

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured Skull 20 ribs</b> <b>Fractured ribs hemorrhages</b> 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) _____	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b>Crown struck him off of</b>		<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year <b>7-28-62</b>	
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g. in or about home, farm, factory, street, office, boat, etc.) <b>Sheffield Steel</b>	
<b>20f. CITY, TOWN, OR LOCATION</b> <b>Jackson Mo</b>		<b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	

<b>22. SIGNATURE</b> (Degree or title) <b>Hugh H. Owens Coroner</b>		<b>22b. ADDRESS</b> <b>159 Union Station</b>		<b>22c. DATE SIGNED</b> <b>8-1-62</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>Aug 2 1962</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Mound Grove Cemetery</b>	
<b>23d. LOCATION</b> (City, town, or county) <b>Independence Missouri</b>		<b>24. FUNERAL DIRECTOR</b> <b>Roland R Speaks Funeral Home Independence</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>8-1-62</b>	
<b>26. REGISTRAR'S SIGNATURE</b> <b>Ruth Long</b>					

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **Hugh H. Owens** MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

SEP 18 1962

AUG 23 1962

CL 2-9200

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 Don R. Lindsey, Student Embalmer No. 649

working under my personal supervision.

Student Don R. Lindsey  
Signature of Student Embalmer

Signed Richard B. Sparks

Licensed Embalmer No. 3604

P. O. Address Jordis Mo

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.