

FILED MAR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 8200

0422

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3623</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>			
b. CITY OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY OR TOWN <u>Clinton</u>		<u>0422</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>603 E Bodine ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) <u>G</u> c. (Last) <u>LUNDBERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 11 1951</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 31 1886</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>WAKEFIELD NEB</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>OLA LUNDBERG</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA OLSON</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA LUNDBERG</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emma Lundberg</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Emboli</u> INTERVAL BETWEEN ONSET AND DEATH <u>3/11/51</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3/11</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on <u>3-11</u> , 19 <u>51</u> , and that death occurred at <u>9:35 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Powell</u> (Degree or title) _____				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>3/12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>	
DATE REC'D BY LOCAL REG. <u>Mar 12-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Consolator</u>		ADDRESS <u>Clinton Mo</u>	

RECEIVED 3-19-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-19-51 _____

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 _____
Student Embalmer

Signed *J E Consolud* _____

Licensed Embalmer No. *1891* _____

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.