

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007741

FILED VS. FEB 16 1960 297

Registration District No. 297 Primary Registration District No. 6023 Registrar's No. 23

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ray			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Length of stay in 1b 1 day		c. CITY OR TOWN Henrietta		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hospital				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph H. Lunsford				4. DATE OF DEATH Month Day Year February 9, 1960			
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 2-5-1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter, Paperhanger			10b. KIND OF BUSINESS OR INDUSTRY Building & Painting		11. BIRTHPLACE (City and state or country) Dover, Missouri		12. CITIZEN OF WHAT COUNTRY United States
13a. FATHER'S NAME Joe Lunsford			13b. MOTHER'S MAIDEN NAME Sallie Huffman			14. NAME OF HUSBAND OR WIFE Mabel Barchers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-38-140764		17. INFORMANT Address Mabel Lunsford Henrietta, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis - Myocardial Infarction DUE TO (b) Pneumonia - Lobar 2-3 da DUE TO (c) previous Coronary attack 7 mos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH <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 Month, Day, Year a.m. p.m.		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 11-10-59 to 2-9-60 and last saw him alive on 2-8-60 Death occurred at 12-40 am on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. J. H. Lunsford M.D. Richmond				22b. ADDRESS		22c. DATE SIGNED 2-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-11-1960	23c. NAME OF CEMETERY OR CREMATORY Isch Pella		23d. LOCATION (City, town, or county) Lexington, Missouri		(State)
24. FUNERAL DIRECTOR Most Eric Funeral Home Richmond, Missouri				25. DATE RECD. BY LOCAL REG. 2-12-1960		26. REGISTRAR'S SIGNATURE Mabel Jackson	

DOCUMENT

MEDICAL CERTIFICATION



BY AFFIDAVIT OF

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


Licensed Embalmer No. 4066
P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.