

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington, Mo. RURAL		c. CITY OR TOWN Farmington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Residence		d. STREET ADDRESS (If outside, give location) Route # 1	
3. NAME OF DECEASED (Type or print) First Lillie Middle Viola Last Lunsford		4. DATE OF DEATH Month 3 Day 22 Year 1964	
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9/25/1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Ste Genevieve Cty. Mo. USA	
13a. FATHER'S NAME Alonzo Harrington		13b. MOTHER'S MAIDEN NAME Rosa Hammond	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address John Lunsford Farmington, 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) Hypertensive Hemorrhage DUE TO (b) arteriosclerotic heart disease DUE TO (c) Hypertension 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. ☐ Yes ☒ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH 14 hours 6 mo 2 years	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour ☐ a.m. ☐ p.m.	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 Oct 1963 to Mar 22, 1964 and last saw alive on Mar 23, 1964 Death occurred at 9:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) L.M. Stanfield D.O.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/25/1964	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery Near Farmington, Mo.
24. FUNERAL DIRECTOR C.H. Cozean		25. DATE RECD. BY LOCAL REG. Mar 23, 1964	26. REGISTRAR'S SIGNATURE Ether Rudloff

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington 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.