No. 300
10.48

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

FILED SEP 20 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

31449

State File No.

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 15

**1. PLACE OF DEATH**
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Peters, rural Dardenne
c. LENGTH OF STAY (In this place) 5 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Peters - rural - Dardenne 0420
d. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED** (Type or Print) a. (First) Ellen b. (Middle) G. c. (Last) Lunsford

**4. DATE OF DEATH** (Month) (Day) (Year) Sept. 4, 1950

| 5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female 1 | white | widowed 2 | April 28-1873 | 77 | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Home | Zell, Mo. 0 | USA |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| Marcus Smith | Mary Roth | Ernest Lunsford |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
|---|---|---|
| no | none | Mrs. Alice Gillman, St. Peters, Mo. |

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis and Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Over 1 year

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension + Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Hd 3X

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | YES ☐ NO ☑ |

| 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 | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| m. | WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | |

22. *I hereby certify that I attended the deceased from* 8:30 a.m. 9/4, 1950, to 8:45 a.m. 9/4, 1950, *that I last saw the deceased alive on* Sept 4, 1950, *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

| 23a. SIGNATURE | (Degree or title) | 23b. ADDRESS | 23c. DATE SIGNED |
|---|---|---|---|
| John L Krieger | M.D. | O'Fallon, Missouri | 9/5/50 |

| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal 4 | 9-5-50 | Park View | Farmington, Mo. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
|---|---|---|
| Sept 5-50 | Ea Keithley 280 | Geo. Stufflebeam, St Peters, Mo. |

m (Licensed Embalmer's Statement on Reverse Side)

## 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.

Signed E A Kelly

Signed.....
Student Embalmer

Licensed Embalmer No. 8 2 2

P. O. Address Dallas T

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.