

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield

c. LENGTH OF STAY (In this place) 40 years

c. CITY OR TOWN Springfield

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2555 North Weller Ave.

f. STREET ADDRESS (If rural, give location) 2555 North Weller Ave., 0396

3. NAME OF DECEASED (Type or Print)
a. (First) HETTIE b. (Middle) (None) c. (Last) TUNNELL

4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 27, 1879

9. AGE (In years last birthday) 76
if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Buffalo, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Unknown (Yates)

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE James Tunnell

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Tunnell Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Thrombosis

ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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

4201

INTERVAL BETWEEN ONSET AND DEATH Few minutes

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, and I ~~did~~ saw the deceased ~~die~~ on Jan. 10, 1956, and that death occurred at 3:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry Knabb, M. D.

23b. ADDRESS Springfield, Missouri

23c. DATE SIGNED 1/12/1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/14/1956

24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 1-13-56 [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Springfield, Mo.

628 West Walnut
SPRINGFIELD, MISSOURI
PERMANENT RECORD
WRITE PLAINLY—USING UNFADING INK

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 *James W. Wair*.....
Licensed Embalmer No. 465

P. O. Address Springfield

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.