

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040810

FILED VS. NOV 24 1959

175

Primary Registration District No. 3036

Registrar's No. 111

STATE FILE NUMBER

ENDED

| | | | | | | | |
|--|---|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Lawrence | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lawrence | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora | | Length of stay in 1b years | | c. CITY OR TOWN Aurora | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 118 W. Springfield st. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 118 W. Springfield St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First IRA Middle A. Last TUNNELL | | | 4. DATE OF DEATH Month November Day 12 Year 1959 | | | | |
| 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 2/15/74 | 9. AGE (last birthday) 85 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | IF UNDER 24 HR Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | | 11. BIRTHPLACE (City and state or country) Athens, Tenn. | | 12. CITIZEN OF WHAT COUNTRY USA. | |
| 13a. FATHER'S NAME Dave Tunnell | | | 13b. MOTHER'S MAIDEN NAME Tenney Williams | | 14. NAME OF HUSBAND OR WIFE Flora Tunnel | | |
| 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 Address Flossie Ellis; Aurora, 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) Uremia - DUE TO (b) Cystitis and Pyelitis DUE TO (c) Hypertrophy of Prostate Gland PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, generalized | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1 month 3 years | |
| 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 7:08 P. a.m. p.m. | Month Jan Day 10 Year 1958 | Month Mar Day 12 Year 1959 | Month Nov Day 12 Year 1959 | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jan 10, 1958 | | 20f. CITY, TOWN, OR LOCATION Aurora, Mo. | | COUNTY Lawrence | | STATE Mo. |
| 21. I attended the deceased from 7:08 P. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | and last saw him alive on Nov. 12, 1959 | | | |
| 22a. SIGNATURE Dorothy L. Keely, M.D. | | | 22b. ADDRESS Aurora, Mo. | | 22c. DATE SIGNED Nov. 15, 1959 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/16/59 | 23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery | | 23d. LOCATION (City, town, or county) Aurora, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR Arnold's Funeral Home; Aurora, Mo. | | | 25. DATE RECD. BY LOCAL REG. 11/16/59 | | 26. REGISTRAR'S SIGNATURE Dora Mc Natt | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 1959

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 *James R. Arnold*

Licensed Embalmer No. 4929

P. O. Address Aurora, 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.