

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

17981

Do not use this space.

**1. PLACE OF DEATH**

(a) County Butler Registration District No. 89  
 (b) Township 6 Primary Registration District No. 3007  
 (c) City Poplar Bluff, Mo. (d) Street No. Brandon Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 520 Stella Hunzey

(a) Residence, No. 11th Street St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

FATHER 13. NAME William Darnell 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 2

MOTHER 15. MAIDEN NAME Unknown 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Cora Scott  
 (ADDRESS) Campbell, Missouri

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery  
 PLACE Poplar Bluff, Mo. DATE 5/9/40 19

19. FUNERAL DIRECTOR (NAME) Frank Und. Co. 89  
 (ADDRESS) Poplar Bluff, Missouri

20. FILED 5-9-40 W. O. Obutsinger  
 (Address) Poplar Bluff, Mo.  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1940 19

22. I HEREBY CERTIFY, That I attended deceased from April 18<sup>th</sup> 1940 to May 7<sup>th</sup> 1940  
 I last saw her alive on May 7<sup>th</sup> 1940 Death is said to have occurred on the date stated above, at 3:10a m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 4/11/40  
Chronic Myocarditis 1937  
Hypertension 1937  
Cerebral Apoplexy 1938-1939  
 Other contributory causes of importance  
 Name of operation  
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) W. O. Obutsinger M. D.  
 (Address) Poplar Bluff, Mo.

**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, .....

*Chas W Greer* ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Chas W Greer* .....

Licensed Embalmer No. *2964* .....

P. O. Address *Poplar Bluffs* .....

**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, above space should be left blank.**