

DEPARTMENT OF COMMERCE

FILED AUG 7 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24807

State File No.

Registration District No. 207

Primary Registration District No. 5759

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Vichy - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles east
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME JAMES N. TUNE

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 15 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 11 hr. min.

9. Birthplace Dallas Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name George H. Tune
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Overlease
15. Birthplace Mo. c1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Biss
(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 7-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cemetery

18. (a) Signature of funeral director Dull and Sons

(b) Address Dallas, Mo.

19. (a) 7-30-47 (b) Pauline Hayward
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63
(c) City or town Vichy
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1947 hour 7 minute 07 P.M.

21. I hereby certify that I attended the deceased from July 20
4? to July 27 1947
that I last saw him alive on July 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral infarction
Duration 2 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 67
Of autopsy 67
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature William H. Brown (M. D. or other)
Address St. James, Mo. Date signed 7/27/47

Date Filed 8-6-47

District File Number

District Health Officer No. 9,

RECEIVED

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

Paul E. V. Zuel

, Registered Apprentice No.

~~3394~~ 42

working under my personal supervision.

Signed

P. E. V. Zuel

Licensed Embalmer No.

3397

P. O. Address

Railroad

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.