

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9545

State File No.

FILED APR 14 1949

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 749

1. PLACE OF DEATH a. COUNTY <u>Talk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Talk</u>	
b. CITY OR TOWN <u>Hannasville</u>	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar (Rural) Harrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Big Spring Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles S.E. of Bolivar</u>	

3. NAME OF DECEASED (Type or Print) <u>Jutiska</u>	a. (First)	b. (Middle)	c. (Last) <u>Sunnell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 31 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 13 1864</u>	9. AGE (in years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>James M. Sunnell</u>
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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 <u>Urgal Sunnell</u> ADDRESS <u>Bolivar Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>40</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 16, 1949 to Mar 30 1949, that I last saw the deceased alive on Mar 30, 1949, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Wetzel, M.D.</u> (Degree or title)	23b. ADDRESS <u>Hannasville, Mo.</u>	23c. DATE SIGNED <u>3-31-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wm. S. Reed Cemetery S.E. of Bolivar Mo.</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>April 8, 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. S. Reed</u> ADDRESS <u>Bolivar, Mo.</u>	

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

84000

RECEIVED

District Health Officer No. 7,

District File Number 3-49-385

Date Filed 4-13-49

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 Howard B. Erwin

Signed _____
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.