

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14820**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 5112 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER-Rural, Louisiana</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>NEW MEXICO</u> b. COUNTY <u>✓</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>FRUITESVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLOVIS, New Mexico</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BESS TUNNELL</u>	b. (Middle) <u>MOUSER</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1 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>Sept. 29 1885</u>	9. AGE (In years last birthday) <u>63</u>	# UNDER 1 YEAR Months <u>8</u>	YEAR Days <u>2</u>	# UNDER 24 HRS. Hours <u>2</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Santa Anna California</u>	12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>
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13a. FATHER'S NAME (Unknown) <u>Tunnell</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Rowley Cleveland Mouser</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Melvin Englehart</u>	ADDRESS <u>Fredericktown</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>28166</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>216</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u> <u>suicide</u> <u>homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 7 49 9.30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car + truck collision</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Myers</u> (Degree or title)	23b. ADDRESS <u>Lutesville Mo.</u>	23c. DATE SIGNED <u>6/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>6/4/49</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Clovis, New Mexico</u>
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DATE REC'D BY LOCAL REG. <u>June 6 1949</u>	REGISTRAR'S SIGNATURE <u>Willie Ann DeLoach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adams</u>	ADDRESS <u>Fredericktown, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 19 1955

RECEIVED

Health Officer No. 4  
File Number 649-7  
Date Filed 6-8-49

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed *Fredrick Adams*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4351

P. O. Address *Fredricktown, N.J.*

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.