

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31423**

FILED OCT 6 1949

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **4433** Registrar's No. **78**

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give town) Unionville		c. CITY (If outside corporate limits, write RURAL and give township) Unionville	
c. LENGTH OF STAY (in this place) 85 yrs.		d. STREET ADDRESS (If rural, give location) 107	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) ELVINA	b. (Middle) ANN	c. (Last) STUCKEY	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 4 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DECEMBER 18 1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 8 Days 16	IF UNDER 2 HRS. Hours 16 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (State or foreign country) SEBOWICK COUNTY KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME STEPHEN PENNELLS	13b. MOTHER'S MAIDEN NAME ELIZA CRIST	14. NAME OF HUSBAND OR WIFE JAMES E. STUCKEY
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mr. A. H. Stuckey	ADDRESS Unionville Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4:30

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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 1, 1949**, to **Sept 4, 1949**, that I last saw the deceased alive on **Sept 3, 1949**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE William M. Durbin (Degree or title)	23b. ADDRESS Unionville Mo.	23c. DATE SIGNED 9/6/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/6/49	24c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	24d. LOCATION (City, town, or county) (State) Unionville Missouri
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DATE REC'D BY LOCAL REG. 9-30-49	REGISTRAR'S SIGNATURE Marvell Durbin	FUNERAL DIRECTOR'S SIGNATURE John A. Comstock	ADDRESS Unionville Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

OCT 5 1949

1949

District Health Officer No. 1

District File Number 10-49-1

Date Filed OCT 5 1949

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.

Student _____
Student Embalmer

Signed John N. Comstock
Licensed Embalmer No. 3891

P. O. Address Unionville, 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 this body is not embalmed, fact should be so stated above.