

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7533**

BIRTH NO. 12917-50 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>None</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mouett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>None</u>	
c. LENGTH OF STAY (In this place) <u>Life time</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Connie</u> b. (Middle) <u>Rae</u> c. (Last) <u>Hunnell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 16 1950</u>		9. AGE (In years last birthday) <u>5</u> If under 1 year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Mouett Missouri</u>	
13a. FATHER'S NAME <u>Wesley Hunnell</u>			13b. MOTHER'S MAIDEN NAME <u>Gladys Williams</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ma J. Shepherd</u> ADDRESS <u>Mouett Mo</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Placenta placenta &amp; placenta</u>			<u>3 hrs</u>
		DUE TO (c) <u>Placenta</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>11.15</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Common birth-placenta over internal os</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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 March 16, 1950, to March 16, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. Dooly M.D.</u> (Degree or title)	23b. ADDRESS <u>Mouett Mo.</u>	23c. DATE SIGNED <u>3/20/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 18 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>B.O.O.F.</u>
24d. LOCATION (City, town, or county) (State) <u>Mouett Missouri</u>		

DATE REC'D BY LOCAL REG. <u>3-21-50</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Billon Funeral Home</u> ADDRESS <u>Mouett Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAR 31 1950  
District Health Office No. 6,  
District File Number 350-387  
Date Filed 3-31-50

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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Mount Ma

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.