THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021662
STATE FILE NUMBER

FILED JUN 24 1957 Registration District No. 169 Primary Registration District No. 4269 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Knox
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Colony — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Knox
c. CITY OR TOWN Colony — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

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3. NAME OF DECEASED (Type or print) First: MARY Middle: Edith Last: Tonnies
4. DATE OF DEATH Month: JUNE Day: 14 Year: 1957
5. SEX: FEMALE
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: MAY 3, 1883
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 1, Days 11 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Colony, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ALFRED BAILEY
14. MOTHER'S MAIDEN NAME: NANCY FOUST
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 Address: Ralph Tonnies Rutledge, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 5 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month Day Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Mar 15 1956 to June 14/57 and last saw her alive on June 11/57
Death occurred at 6:10 A m on the date stated above; and to the best of my knowledge from the causes stated.
22a. SIGNATURE Neels B. Scott (Degree or title) MD
22b. ADDRESS Knox City Mo
22c. DATE SIGNED 6/15/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/14/1957
23c. NAME OF CEMETERY OR CREMATORY LABELLE CEMETERY
23d. LOCATION (City, town, or county) (State) LABELLE, MISSOURI
24. FUNERAL DIRECTOR Jacob J. Labelle, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. June 18-57
26. REGISTRAR'S SIGNATURE Nelle A. Hunolt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Part I. Do not use symptoms or modes of dying. Do not use diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUL 25 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....Myself....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ....J. Coden Jr.....

Licensed Embalmer No. 43

P. O. Address La Bell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.