Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037253
STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN Neosho — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Neosho Route # 3 — Length of stay in 1b 12 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Rural, Neosho — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Neosho, Route # 3 — Reside on Farm Yes ☒ No ☐

73

3. NAME OF DECEASED (Type or print) First DAVID Middle FRANKLIN Last TUNNELL

4. DATE OF DEATH Month Oct. Day 13, Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 10, 1884
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Washington Co, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Calvin Tunnell
13b. MOTHER'S MAIDEN NAME Clara Carr Crane
14. NAME OF HUSBAND OR WIFE Bertha Tunnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 572-20-0490
17. INFORMANT Bertha Tunnell Address

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) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — about 6 weeks
DUE TO (c) Pulmonary Emphysema 5271 — about 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic Interstitial nephritis - Arteriosclerosis
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 Oct 28-1948 to Oct 13-1958 and last saw her/him alive on 10-12-58
Death occurred at 1:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Melvin C. Bowman (Degree or title) M.D.
22b. ADDRESS Neosho Mo
22c. DATE SIGNED 10-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 15, 1958
23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery
23d. LOCATION (City, town, or county) Neosho Rt # 3, (State) Mo.

24. FUNERAL DIRECTOR Carey Thompson Jr. ADDRESS Neosho Mo.
25. DATE RECD. BY LOCAL REG. 10-14-58
26. REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. Bowman
Hays

RECEIVED
District Health Officer No. Newton
District File Number 1058-211
Date Filed OCT 17 1958

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 .....
Signature of Student Embalmer

Signed Carey Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.