

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39088**

Registration District No. **477**

Primary Registration District No. **4288**

Registrar's No. **53**

1. PLACE OF DEATH:

(a) County **Lewis**  
(b) City or town **LaBelle**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **18 yrs - 1 mo - 20 days**  
In this community **18 yrs - 1 mo - 20 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

**Floyd William Berner**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 15 1922**  
(Month) (Day) (Year)

8. AGE: Years **18** Months **1** Days **20** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **LaBelle Lewis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **High School Student**

11. Industry or business \_\_\_\_\_

12. Name **Floyd P. Berner**

13. Birthplace **(Rural) Knox Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Gerna F. Metcalf**

15. Birthplace **La Rue Co Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Gerna F. Berner**

(b) Address **LaBelle, Mo**

17. (a) **Burial** (b) Date thereof **10-7-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LaBelle Cemetery**

18. (a) Signature of funeral director **James T. Baker & Son**

(b) Address **LaBelle, Mo. P. O. Box 100**

19. (a) **Oct 7, 1940** (b) **P. W. Jennings, M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**  
(c) City or town **LaBelle**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **5<sup>th</sup>**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **by his own hand with a 12.2 caliber rifle wound self inflicted**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **167**

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **Oct 5, 1940**

(c) Where did injury occur? **LaBelle Lewis Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1<sup>st</sup> in back yard at home**  
(Specify type of place)

While at work? **no** (e) Means of injury **with weapon**

23. Signature **Earl N. Barkley** (M.D. or other) **5**

Address **Canton, Mo.** Date signed **10/5/40**

**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

*Norman D. Locker*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Norman D. Locker*

Licensed Embalmer No. \_\_\_\_\_

*3721*

P. O. Address \_\_\_\_\_

*LaBelle, 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, above space should be left blank.**