

FILED JAN 20 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43157

Do not use this space.

## 1. PLACE OF DEATH

(a) County Maries Co Registration District No. 546  
 (b) Township Johnson Primary Registration District No. 5735  
 (c) City 2 (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Harvey Lee Biles  
Maries Co. near Saff (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-16-1922  
 7. AGE YEARS 18 MONTHS 4 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Boy  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Maries Co (STATE OR COUNTRY) MO

13. NAME Chas Biles  
 14. BIRTHPLACE (CITY OR TOWN) Saff (STATE OR COUNTRY) MO

15. MAIDEN NAME Daisy Sutherland  
 16. BIRTHPLACE (CITY OR TOWN) Hickory Co (STATE OR COUNTRY) MO

17. INFORMANT Chas Biles (ADDRESS) Saff MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Dillon cem DATE 12-26-1940

19. FUNERAL DIRECTOR W E Fickler (ADDRESS) St James MO

20. FILED Jan 3 1941 Sam A. Warner Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23 19 40

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19. ✓, to \_\_\_\_\_, 1940.

I last saw him alive on \_\_\_\_\_, 19. 40. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Accidentally self-inflicted gun-shot wound Date of onset 12/23/40

Other contributory causes of importance: 184

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/23, 1940

Where did injury occur? Maries Co. MO

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In field on home farm

Manner of injury accident gun shot wound

Nature of injury shot in throat & neck

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify Donkey Gates


(Signed) \_\_\_\_\_, M. D.

(Address) Brimstone, MO

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. 3546  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

 Paul E. Lickich

Licensed Embalmer No. 3546

**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.)**