

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14572

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hunnewell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hunnewell	
c. LENGTH OF STAY (in this place) 8 Mo.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Bessie	b. (Middle) Lola	c. (Last) Whitecotton	4. DATE OF DEATH (Month) (Day) (Year) April, 14, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb, 2, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 2 Days 12	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY School Teacher	11. BIRTHPLACE (State or foreign country) Paris, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Monroe Alverson	13b. MOTHER'S MAIDEN NAME Mary Genette Cooper	14. NAME OF HUSBAND OR WIFE Andrew Tildon Whitecotton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Bechell Alverson	ADDRESS Paris, Mo.
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18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) By Being Feloniously shot in the		INTERVAL BETWEEN ONSET AND DEATH 8981X
	ANTECEDENT CAUSES upper Left Chest with a Double barreled DUE TO (b) shotgun. Held in the hands of one Andrew Tildon Whitecotton. DUE TO (c) This was a 12 Gage Gun.		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hunnewell Shelby Mo.
21d. TIME OF INJURY (Month) (Day) (Year) Apr 14 49 Pm.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edmund Groves (Coroner)	23b. ADDRESS Bechell Mo	23c. DATE SIGNED 4/16/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr, 16, 49	24c. NAME OF CEMETERY OR CREMATORY New Hope	24d. LOCATION (City, town, or county) (State) Paris, Mo
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DATE REC'D BY LOCAL REG. Apr 20-49	REGISTRAR'S SIGNATURE Ada Garrison - 419	25. FUNERAL DIRECTOR'S SIGNATURE Lucas Baker	ADDRESS Paris, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No.

District File Number 444

Date Filed APR 25 1949

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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelburne, 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.