

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15563

State File No. ....

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>128</b>	PRIMARY REG. DIST. NO. <b>2000</b>	Registrar's No. <b>417</b>
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>OSARK</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Wasola</b>		
c. LENGTH OF STAY (In this place) <b>6 Da</b>		d. STREET ADDRESS (If rural, give location) <b>- / 0</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1949</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>—</b>		c. (Last) <b>Nichols</b>
5. SEX <b>MO</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>1858 December 25</b>	9. AGE (In years last birthday) <b>81</b> 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) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (State or foreign country) <b>unknown</b>
12. CITIZEN OF WHAT COUNTRY? <b>u.s.</b>				
13a. FATHER'S NAME <b>? unknown</b>		13b. MOTHER'S MAIDEN NAME <b>? unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie Overstreet</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harry S Overstreet</b> ADDRESS <b>4126 Indiana</b>
18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Gunshot wound of left shoulder and left side of neck</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 day</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E 976x</b>		
19a. DATE OF OPERATION <b>5-9-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>G.S.W of neck Secondary closure of</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Wasola</b> (COUNTY) <b>OSARK</b> (STATE) <b>MO</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 4 1949 9:30 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Self inflicted GSW with shotgun</b>
22. I hereby certify that I attended the deceased from <b>May 4, 1949</b> to <b>May 9, 1949</b> , that I last saw the deceased alive on <b>May 9, 1949</b> , and that death occurred at <b>10:30A</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>M. J. Benton</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Med Out Springfield Mo</b>		23c. DATE SIGNED <b>5-9-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-9-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wasola</b>
24d. LOCATION (City, town, or county) (State) <b>Wasola Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gorman-Schaeff</b> ADDRESS <b>Springfield Mo</b>		
DATE REC'D BY LOCAL REG. <b>5-10-49</b>		REGISTRAR'S SIGNATURE <b>W. J. Handley</b>		

**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.

Signed *L. Walsh Gorman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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, fact should be so stated above.