

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24150

State File No.

BIRTH NO.		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>4330</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Mississippi</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Mississippi</u>	
c. LENGTH OF STAY (in this place) <u>37 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>37</u>		09	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>HERMAN</u>	b. (Middle) <u>RAY</u>	c. (Last) <u>PRESSON</u>	June	27	1949		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 12 1912</u>	9. AGE (in years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>15</u>	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Subclass Oil Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>East Prairie Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13a. FATHER'S NAME <u>Ashley Crockett Presson</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baker</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma Presson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thelma Presson, 311 Davis St. East Prairie</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Shot wound in right temple</u>			
				DUE TO (c) <u>No injury</u>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>No injury</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>East Prairie Miss Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-27-49 - m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted bullet. 67</u>			
22. I hereby certify that I attended the deceased from <u>as Deceased</u> , 19 <u> </u> , to <u> </u> , 19 <u> </u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u>2:30A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>Dr. Charles J. Presson</u>				23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>7-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mississippi Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 29 49</u>		REGISTRAR'S SIGNATURE <u>Anna Harper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Deputy 1111 Naves Shelby East Prairie</u>			

(Licensed Emballer's Statement on Reverse Side)

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

AUG 2 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.

Signed.....
Student Embalmer

Signed *Norris Shell*

Licensed Embalmer No. *2726*

P. O. Address *East Prairie*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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