

FILED AUG 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26405

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5347 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury Township</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>East of Salisbury</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Frank</u> c. (Last) <u>Senevey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-3-1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan 27 1887</u>
9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>6</u>	11. BIRTHPLACE (State or foreign country) <u>Chamois Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		
13a. FATHER'S NAME <u>Arsive Senevey</u>	13b. MOTHER'S MAIDEN NAME <u>Alvive Bonner</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Senevey</u> ADDRESS <u>Salisbury</u>	
18. CAUSE 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Top of head shot off with .38</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8:15 AM</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>12 gauge shot gun</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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>Border farm home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salisbury Twp. Chariton Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) _____	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 <u>8:15 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. D. Grunth Cornish</u>		23b. ADDRESS <u>2717 Stearns</u>	23c. DATE SIGNED <u>8/3/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Salisbury Mo</u>
DATE REC'D BY LOCAL REG. <u>8/4/49</u>	REGISTRAR'S SIGNATURE <u>George B Wimpey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George B Wimpey</u>	ADDRESS <u>Salisbury Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 8 REC'D
District Health Officer No. 8,

District File Number _____

Date Filed 8-17-49

AUG 25 1954

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 Chas B Winkelmeyer

Signed _____
Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.