

No. 300  
10.48

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26610

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 754

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>Greene</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>Life time</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1740 North Sherman</b>			d. STREET ADDRESS (If rural, give location) <b>1740 North Sherman</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gus</b> b. (Middle) <b>C</b> c. (Last) <b>Compton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 21 1949</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 1, 1895</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>George Compton</b>		13b. MOTHER'S MAIDEN NAME <b>Tennessee Snodgrass</b>		14. NAME OF HUSBAND OR WIFE <b>Georgia E Compton</b>	
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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 ADDRESS <b>Georgia E Compton, Springfield, Mo.</b>		
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GUN SHOT THRU HEART.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				<b>C. 971 V</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>SUICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>SPRINGFIELD GREENE MO. 133</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-21-49-12 Noon</b>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>SUICIDE - 12GMBH THRU HEART, SELF-INFLICTED</b>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased ~~live~~ **DEAD** on **8-21**, 19**49**, and that death occurred at **12 Noon**, from the causes and on the date stated above.

23a. SIGNATURE <b>Amelph Deed Carner</b> (Degree or title)		23b. ADDRESS <b>Springfield Mo.</b>		23c. DATE SIGNED <b>8-21-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 25, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Danforth Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Near Springfield, Missouri</b>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>8-23-49 W.E. Handley M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (S. F. W.) <b>Alma Lehmyer F.H. Springfield, Mo.</b>	
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**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 *Jewell E. Kudry* \_\_\_\_\_

Licensed Embalmer No. *2831* \_\_\_\_\_

P. O. Address *Springfield* \_\_\_\_\_

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.