

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31100**

FILED SEP 30 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		65	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Julius</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Immell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1949</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 27, 1881</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Brakeman Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>New Haven, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jerome Immell</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Maupin</u>		14. NAME OF HUSBAND OR WIFE <u>Addie Immell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Imogene Immell Eldon, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self-inflicted gunshot wound through left thoracic cavity by 38 caliber bullet.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>wound through left</u> DUE TO (c) <u>thoracic cavity by</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>38 caliber bullet.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6976A</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>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eldon Miller Mo.</u>		21f. HOW DID INJURY OCCUR? <u>sb</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept. 22, 1949</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:50</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter P. Hayes, Coroner</u>		(Degree or title)		23b. ADDRESS <u>Berea, Mo</u>		23c. DATE SIGNED <u>9/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Haven</u>		24d. LOCATION (City, town, or county) (State) <u>New Haven, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 24, 49</u>		REGISTRAR'S SIGNATURE <u>Alvonneta Walters</u>		192		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis D. Phillips, Eldon</u>	

District File Number _____
District Health Officer No. 9,
RECEIVED SEP 28 1949

OCT 5 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 _____

Louis D. Phillips & Leo G. Whitaker

Student Embalmer No. 314

working under my personal supervision.

Student

Leo G. Whitaker
Student Embalmer

Signed

Louis D. Phillips
Licensed Embalmer No. 3663

P. O. Address Eldon

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.