

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38152**

FILED NOV 29 1949

BIRTH NO. _____ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5881** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Twp	c. LENGTH OF STAY (In this place) 2 1/2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Township	16
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) Belle, Mo. RFD # 1	

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) Warner	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Nov 12 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 17th, 1903	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 11 Days 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ware House Worker	10b. KIND OF BUSINESS OR INDUSTRY Ely-Walker Co	11. BIRTHPLACE (State or foreign country) College Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Smith	13b. MOTHER'S MAIDEN NAME Eliza Pointer	14. NAME OF HUSBAND OR WIFE Rachel Redden
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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) No	16. SOCIAL SECURITY NO. 493-07-2005	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rachel Smith	ADDRESS Belle, Mo. R D
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide, by self inflicted gun Shot wound in the head.		instant
	ANTECEDENT CAUSES Morbid 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.			E 99 60x

19a. DATE OF OPERATION	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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In the home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson Twp Osage Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 12 1949 5-1 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gun Shot wound in head
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cycle Morton Coroner	23b. ADDRESS Box 255, Linn, Mo.	23c. DATE SIGNED 11/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 15, 1949	24c. NAME OF CEMETERY OR CREMATORY College Hill Cem.	24d. LOCATION (City, town, or county) (State) North of Belle, Mo.
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DATE REC'D BY LOCAL REG. Nov. 19, 1949	REGISTRAR'S SIGNATURE Richard M. ...	25. FUNERAL DIRECTOR'S SIGNATURE Melvin H. H. Winter	ADDRESS OWENVILLE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10. 300
0. 48

76
0

District File Number _____
RECEIVED NOV 23 1919
District Health Officer No. 9

1078
6-1101

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Michael H. White

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.