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| BIRTH NO. _____ | | REG. DIST. NO. <u>1278</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>399A</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (in this place) <u>1 day</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston</u> | | 1070 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>No street address</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Curtis</u> | | b. (Middle) <u>D</u> | | c. (Last) <u>Napier</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 1950</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>April 15, 1907</u> | |
| 9. AGE (In years last birthday) <u>43</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator, Owner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u> | | 11. BIRTHPLACE (State or foreign country) <u>St Clair Co, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Edward Napier</u> | | 13b. MOTHER'S MAIDEN NAME <u>Clara Short</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 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>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gaylord V Elliott, Cabool, 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>Gunshot wound of left side of face & head.</u> ANTECEDENT CAUSES <u>Gunshot wound of left chest & abdomen</u> DUE TO (b) <u>Causing hemorrhage and profound shock</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>E976X</u> | |
| 19a. DATE OF OPERATION <u>4-25-50</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Rupture of ileum & Colon, hemorrhage present</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, place bldg., etc.) <u>at home of deceased (Houston)</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Houston Texas Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 25, 1950 ? P.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 gunshot wound</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>4-25</u> , 19 <u>50</u> , to <u>4-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-26</u> , 19 <u>50</u> , and that death occurred at <u>8:45 P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>G. Berrell M.D.</u> | | | | 23b. ADDRESS <u>Springfield Mo</u> | | 23c. DATE SIGNED <u>5-3-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 30, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Houston Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u> | |
| DATE REC'D BY LOCAL REG <u>5-4-50</u> | | REGISTRAR'S SIGNATURE <u>W.E. Handy M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u> | | ADDRESS <u>Springfield, Mo.</u> | |

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

MAY 17 1950

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.