

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15753**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 122	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give town) Kirksville		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) Novinger		Nineveh D 610	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler Hospital				d. STREET ADDRESS (If rural, give location) R. F. D. #3			
3. NAME OF DECEASED a. (First) Daisy		b. (Middle) Louise		c. (Last) May		4. DATE OF DEATH (Month) (Day) (Year) May 10 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 29, 1908		9. AGE (In years last birthday) 41	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Unionville, Iowa /		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jackson Davis		13b. MOTHER'S MAIDEN NAME Nora Doud		14. NAME OF HUSBAND OR WIFE Rodney Vanie May			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rodney Vanie May, Novinger, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rifle wound - abdomen self inflicted ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hemorrhage - Shock				INTERVAL BETWEEN ONSET AND DEATH 14 hrs	
19a. DATE OF OPERATION 5-9-50		19b. MAJOR FINDINGS OF OPERATION Puncture wounds transverse + descending colon				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Adair Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 9 1950 1:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? self inflicted			
22. I hereby certify that I attended the deceased from July 1946 to May 9, 1950 , that I last saw the deceased alive on May 9, 1950 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. Stickler MD				23b. ADDRESS Kirksville, Mo		23c. DATE SIGNED 5/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/12/50		24c. NAME OF CEMETERY OR CREMATORY Green Grove		24d. LOCATION (City, town, or county) (State) Adair Co., Mo.	
DATE REC'D BY LOCAL REG. 5-11-50		REGISTRAR'S SIGNATURE Wate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Riley Kirksville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED MAY 16 1950
District Health Officer No. 10
District File Number 5-52-838
Date Filed

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 *Ray H. Mercer*

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.