No. 300
10.48

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

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15814

State File No.

BIRTH NO. REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5058 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Monett Township
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett, Mo.
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Marguerite b. (Middle) Louise c. (Last) Counts
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan, 19-24
9. AGE (In years last birthday): 26 — If under 1 year: Months 3 Days 19 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Monett, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Stephen Arnaud
13b. MOTHER'S MAIDEN NAME: Emma Stebler
14. NAME OF HUSBAND OR WIFE: Charles Counts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Charles Counts ADDRESS: Alton Ill,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 22 pistol wound in right temple — INTERVAL BETWEEN ONSET AND DEATH: 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.

E976X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Monett Township Barry Missouri
21d. TIME OF INJURY (Month) May (Day) 8 (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflicted

22. I hereby certify that I attended the deceased from May 8, 1950, to _____, 19____, that I last saw the deceased alive on May 8, 1950, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE: Paul D. Herbert (Degree or title): Coroner
23b. ADDRESS: Cassville, Missouri
23c. DATE SIGNED: 5-8-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10-50
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellow Cemetery
24d. LOCATION (City, town, or county) (State): Monett, Mo.

DATE REC'D BY LOCAL REG.: 5-20-50
REGISTRAR'S SIGNATURE: W. M. West
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bennett & Wormington Monett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 27 1950

RECEIVED MAY 29 1950
District Health Office No. 6,
District File Number 550-612
Date Filed 5-26-50

MAR 19 1951

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed R. Gordon Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett Missouri

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.