

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27850

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 6000		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (<u>Rural</u>) <u>Jasper Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Missouri</u> R.F.D. <u>0870</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper Township</u>				d. STREET ADDRESS (If rural, give location) <u>Rural (Saltriver Township)</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Gorden</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Toland</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 10, 1917</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laboer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Plant</u>		9. AGE (In years last birthday) <u>32</u>		11. BIRTHPLACE (State or foreign country) <u>Hannibal, Missouri.</u>	
13a. FATHER'S NAME <u>Jacob Toland</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>486-34-0349</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Deckerd Perry</u>		ADDRESS <u>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 in head.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Shooting self with 12 Gauge</u> DUE TO (c) <u>Shotgun</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒		INTERVAL BETWEEN ONSET AND DEATH _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Highway No. 154</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jasper Township Ralls, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 16, 1950</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Self inflicted gunshot wound.</u>			
22. I hereby certify that I attended the deceased from <u>No Medical Attention</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Clyde W. Wiley</u> Coroner Ralls Co. No. <u>Perry, Missouri.</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>8-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Paris, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>8-21-50</u>		REGISTRAR'S SIGNATURE <u>Clyde W. Wiley</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Clyde W. Wiley</u>		ADDRESS <u>Perry, Missouri.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: AUG 23 1950
DISTRICT HEALTH OFFICE
District File Number 8-50-1
Date Filed: AUG 25 1950
AUG 25 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Clyde C. Wilkey
Licensed Embalmer No. 3820

P. O. Address Tampa, Fla

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.