

FILED SEP 29 1950 STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett Ind. Twp. Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett Ind. Twp. Mo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rural # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural # 1</u>			
3. NAME OF DECEASED a. (First) <u>Lee</u> b. (Middle) <u>—</u> c. (Last) <u>Gilbert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>2 Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 23-1932</u>
9. AGE (In years last birthday) <u>18</u>		10. MONTHS <u>5</u> HOURS <u>—</u> MIN. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Conway Ark</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Information taken from Draft Card</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot Gun Wound Upper Scapula</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Region in Hands Louis Robison</u>		<u>9-9-90</u>	
DUE TO (c) <u>Coroner verdict- Accidental</u>		<u>19</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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kennett Ind. Twp. Dunklin, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-12-1950</u> <u>8:00 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>Shot Gun Play</u>	
22. I hereby certify that I attended the deceased from <u>9</u> , 19 <u>50</u> , to <u>—</u> , 19 <u>—</u> , that I last saw the deceased alive on <u>—</u> , 19 <u>—</u> , and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter A. Hopkins, Coroner</u>		23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>9-16-1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 17-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>County Farm</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Rural Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-16-1950</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lonny Service</u>	ADDRESS <u>Kennett Mo.</u>

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-23-50

COUNTY FILE NUMBER 950-269..

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.

Signed.....
Student Embalmer

Signed

Edgar Dues Ford

Student Embalmer No.....

Licensed Embalmer No. 4433

P. O. Address *Kennett 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.