

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34048

1570
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BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 4287		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY OR TOWN <u>Troy</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Troy</u>		d. STREET ADDRESS (If rural give location) <u>0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Down home</u>				d. STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>WRIGHT</u> c. (Last) <u>McBULLOCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7-1950</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 27 1920</u>		9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm Mc Bulloch</u>			13b. MOTHER'S MAIDEN NAME <u>Katie Giles</u>		14. NAME OF HUSBAND OR WIFE <u>Geraldine Mc Bulloch</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>487-22-1724</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geraldine Mc Bulloch</u> ADDRESS <u>Troy Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death due to shot gun wounds self-inflicted</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause, (a), stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8-976X</u>
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>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Troy Lincoln Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 7-50</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>shot self with shot gun</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Arline Ellice Crow</u> (Degree or title) <u>3</u>			23b. ADDRESS <u>Troy Mo.</u>		23c. DATE SIGNED <u>11/8/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washburn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Washburn Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 9-50</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u> ADDRESS <u>Troy Mo</u>			

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 14 1950

RECEIVED

NOV 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Wayne Mc Coy

Licensed Embalmer No.

3586

P. O. Address

Troy 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.