

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34152

5477 State File No. 5-7-8 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 5-7-8		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>MILLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MILLER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>EUGENE</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>EUGENE</b>		0661	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>EQUALITY TOWNSHIP</b>				d. STREET ADDRESS (If rural, give location) <b>EQUALITY TOWNSHIP</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HAROLD</b>		b. (Middle) <b>FREDRICK</b>		c. (Last) <b>TELLMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 1 - 1950</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>DIVORCED 3</b>		8. DATE OF BIRTH <b>AUG. 23, 1911</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>39</b>		IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>EUGENE, MISSOURI</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>CHAS. P. TELLMAN</b>		13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE EVERS</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chas. P. Tellman</b>		ADDRESS <b>Eugene</b>	
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) <b>Self inflicted gun</b>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Shot wound into right side of head by 22 caliber gun</b>				DUE TO (b) <b>3 1/2 hrs.</b>			
DUE TO (c) <b>E 976 X</b>							
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) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>EUGENE MILLER MO.</b>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>Oct. 1, 1950</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter P. Hedger, coroner</b>				23b. ADDRESS <b>Spacia MO</b>		23c. DATE SIGNED <b>10/1/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 3, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MARY HOMES</b>		24d. LOCATION (City, town, or county) (State) <b>EUGENE MO.</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 19-1950</b>		REGISTRAR'S SIGNATURE <b>Mrs. Richard L. Wright</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis D. Pharris</b>		ADDRESS <b>Eugene</b>	

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

RECEIVED

OCT 20 1950

MILLER COUNTY HEALTH  
DEPARTMENT

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Carroll

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.