

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39602

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 322

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

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>1070</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Piney</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Piney</u>	
c. LENGTH OF STAY (In this place) <u>57</u>		d. STREET ADDRESS (If rural give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EVERETT</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>WALL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 30 50</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 23 1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Texas County mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Robert W. Wall</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Douglas</u>	14. NAME OF HUSBAND OR WIFE <u>Amelias</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Wall</u>	ADDRESS <u>Summersville</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Guns shot Wound in forehead</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>69360</u>  <u>23</u>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Unknown</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>Houston Piney Texas mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 30 50 100</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>107</u>
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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>Gaylord Willitt 3rd coroner</u>	(Degree or title)	23b. ADDRESS <u>Cabool mo</u>	23c. DATE SIGNED <u>Nov 3 1950</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>11-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wolford</u>	24d. LOCATION (City, town, or county) (State) <u>Texas mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 7-50</u>	REGISTRAR'S SIGNATURE <u>Myrtice Craig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord Willitt</u>	ADDRESS <u>Cabool</u>
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 6 1950  
Dist. File 1150-2240  
Date Filed 11-15-50

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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 Frank E Wood

Licensed Embalmer No. 4056

P. O. Address Houston, 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.