

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3839**
Registrar's No. **191**

0117

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

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 191	
1. PLACE OF DEATH a. COUNTY BUCHANAN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY BUCHANAN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH		c. LENGTH OF STAY (in this place) 4 mo	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH		0117
d. FULL NAME OF HOSPITAL OR INSTITUTION 628 1/2 So. 6 ST.			d. STREET ADDRESS (If rural, give location) 628 1/2 So. 6 ST.		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) HARDING		c. (Last) GARTIN	
4. DATE OF DEATH (Month) (Day) (Year) 2-18-1951		5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED			
8. DATE OF BIRTH August 22, 1921		9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	
11. BIRTHPLACE (State or foreign country) STERLING, COLO. U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CLYDE E GARTIN		13b. MOTHER'S MAIDEN NAME ETHEL COLYAR		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW II 499-20-1084		17. INFORMANT'S SIGNATURE OR NAME CLYDE GARTIN, Union Star, Mo.	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide, by a shotgun charge through the head ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 day E976X
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 18 1951 4:55 A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot himself with a 410 shotgun	
22. I hereby certify that I attended the deceased born on 2/18 , 19 21 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:55 A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. F. Mundy, M.D., Coroner		23b. ADDRESS St Joseph Mo		23c. DATE SIGNED 2/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 2-19-1951		24c. NAME OF CEMETERY OR CREMATORIUM Laguard Tunnel Home	
24d. LOCATION (City, town, or county) (State) King City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Benny Turner ADDRESS Blount St. Joseph			
DATE REC'D BY LOCAL REG. Feb 23, 1951		REGISTRAR'S SIGNATURE Carl C. Casper		446	

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.....

Victor Barry

Signed.....
Student Embalmer

Licensed Embalmer No. *H 212*

P. O. Address *St Joseph 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.