S. No. 300
v. 10-48

1140
1

X

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

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7370

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 1-2814 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Montgomery Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Montgomery Twp 1140
d. STREET ADDRESS (If rural, give location): North of Manes

3. NAME OF DECEASED (Type or Print): a. (First) SPURGEY b. (Middle) ANDREW c. (Last) BAKER

4. DATE OF DEATH: (Month) Mar (Day) 4 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married DIVORCED

8. DATE OF BIRTH: SEPT 5, 1894

9. AGE (If years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: SAME

11. BIRTHPLACE (State or foreign country): MANES Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM ANDREW BAKER

13b. MOTHER'S MAIDEN NAME: VIRGINA ANGELINE WILSON

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Nora French Rt. 4 Lebanon 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide by shotgun

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E 776X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): SUICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At his home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Manes Wright Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 4 1951 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Shot off top of head

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* March, 19____, *and that death occurred at* 5 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. L. Amos M.D. & Coroner 378

23b. ADDRESS: Mountain Grove. Mo.

23c. DATE SIGNED: Mar 4. 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 7/51

24c. NAME OF CEMETERY OR CREMATORY: Cold Water

24d. LOCATION (City, town, or county) (State): WRIGHT County Mo.

DATE REC'D BY LOCAL REG.: 3-23-51

REGISTRAR'S SIGNATURE: E. B. Garner 346

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: R. W. Barber Mtn. Grove Mo

45

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1951

MAR 17 1954

MAR 4 1954

MAR 12 1951

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 Rue V Barber

Licensed Embalmer No. 3848

P. O. Address Metz, Byron, N

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.