No. 300
10.48

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9557

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5936 Registrar's No. 93

0800

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smithton 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): Edge of Smithton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Smithton Twp. 0800
d. STREET ADDRESS (If rural, give location): Edge of Smithton

3. NAME OF DECEASED (Type or Print): a. (First) NORMAN - b. (Middle) RAY - c. (Last) KLEIN

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 31, 1924
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months 7 Days 14 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Harry Klein
13b. MOTHER'S MAIDEN NAME: Elva Phillips
14. NAME OF HUSBAND OR WIFE: Bettie Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Harry Klein, ADDRESS: Atterville, 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 fire arms.

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: E976X

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.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) SMITHTON (COUNTY) PETTIS (STATE) MISSOURI

21d. TIME OF INJURY (Month) MARCH (Day) 15 (Year) 1951 (Hour) 11 PM
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Suicide by shooting self in head with 410 shotgun

22. *I hereby certify that I ~~attended~~ VIEWED the deceased from* As Corner, *19__, ~~that I last saw the deceased alive on _____, 19__~~, and that death occurred at* 11:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Chas. Gordon Stauffacher MD (Degree or title) 3
23b. ADDRESS: Corner Pettis Co
23c. DATE SIGNED: 3-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 19, 1951
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F Cemetery
24d. LOCATION (City, town, or county) (State): Atterville, Mo

DATE REC'D BY LOCAL REG.: March 19, 1951
REGISTRAR'S SIGNATURE: A. Campbell MD
25. FUNERAL DIRECTOR'S SIGNATURE: Hays - Painter, ADDRESS: Atterville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-26-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-26-51

MAR 28 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 Peyton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Ia.

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.