

FILED JUN 20 1951 STANDARD CERTIFICATE OF DEATH

State File No. 20975

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 98

0813

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

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Doolittle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Newburg Mo. 0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doolittle</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>HANCE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>aug 31 - 1910</u>		9. AGE (In years last birthday) <u>40 Yrs.</u>		10. USUAL OCCUPATION (Give kind of work done through most of working life, even if retired) <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Phelps County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph White Hance</u>	
13b. MOTHER'S MAIDEN NAME <u>Frances K. Hance</u>		14. NAME OF HUSBAND OR WIFE <u>Frances K. Hance</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of discharge) <u>yes</u> <u>World War #2</u>	
16. SOCIAL SECURITY NO. <u>490-32-3150</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances K. Hance Newburg Mo.</u>			

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) <u>Destruction of Skull and Brain</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Gunshot wound in head.</u> DUE TO (c) <u>20 Gauge shotgun.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Doolittle Mo., Rolla Route 2. Mo/.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 12, 1951 7Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Placed muzzle of shotgun airtight side of head.</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased decease on June 12, 1951, and that death occurred at 7:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner Phelps Co.</u>		23b. ADDRESS <u>508 West 8th St., Rolla Mo.</u>		23c. DATE SIGNED <u>6/13/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>June 15 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roach</u>		24d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u>	
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DATE REC'D BY LOCAL REG. <u>June 13, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u> 380		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lee Johnson Newburg Mo</u>	
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JUN 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 _____

working ~~under my personal supervision.~~

Student Embalmer No.

Signed.....
Student Embalmer

Signed Ree Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.