

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38003

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 3677 Registrar's No. 25

0571

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>5677 Linn</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>0570 Rural Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u> b. (Middle) <u>Ross</u> c. (Last) <u>Dirigo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17 51</u>		
--	--	--	---	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Student</u>	8. DATE OF BIRTH <u>3-3-1936</u>	9. AGE (In years last birthday) <u>15</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
-----------------	---------------------------	---	----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Maine</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
---	--	---	--	--	--	---	--

13a. FATHER'S NAME <u>Edgar R. Dirigo</u>		13b. MOTHER'S MAIDEN NAME <u>Mary V. Stephens</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
---	--	---	--	---	--

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

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accident caused by self inflicted gun shot wound</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>by self inflicted</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>gun shot wound</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>E9190</u> <u>19</u>	

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Mo.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 17-51 6:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gun shot wound</u>
---	---	--

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 (Degree or title) <u>John Elliot Corwin</u>	23b. ADDRESS <u>Mo.</u>	23c. DATE SIGNED <u>10/17/51</u>
--	-------------------------	----------------------------------

24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	24b. DATE <u>10-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stephens</u>	24d. LOCATION (City, town, or county) (State) <u>1/2 mi E. Silet Mo.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG <u>11-8-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Mudd Siley, Mo.</u>
--	---	---

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 10 1951

RECEIVED

NOV 17 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 W. P. Dancus

Licensed Embalmer No. 2251

P. O. Address St. Louis, 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 noted above.