

No. 300
10-48

FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31561

896

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4200 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Ash Grove</u>		c. CITY OR TOWN <u>Ash Grove</u>	
c. LENGTH OF STAY (If this place) <u>Native</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence R.F.D.</u>			
3. NAME OF DECEASED a. (First) <u>Glenna</u> b. (Middle) <u>Louise</u> c. (Last) <u>Lafon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-21-1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-2-1911</u>
9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Greene Co.</u>
12. CITIZEN OF WHAT COUNTRY? <u>Missouri</u>			
13a. FATHER'S NAME <u>Joe Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Lou Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>Claude Lafon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Claude Lafon</u>		ADDRESS <u>Ash Grove RA</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound, bullet entering</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES			<u>sudden.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) <u>4th. intracostal space about</u>			
DUE TO (c) <u>3 inches to left of sternum,</u>			
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>coming out at lower level in back.</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 (a.g., in or about home, farm, factory, street, office bldg., etc.) <u>about home.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ASH GROVE GREENE MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-21-53 10:25</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. Suicide.</u>			
22. I hereby certify that I attended the deceased from _____ to _____, that I last saw the deceased alive on _____ and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. S. Allen Hickens, Coroner</u>		23b. ADDRESS <u>407 Medical Arts Bldg.</u>	
23c. DATE SIGNED <u>9-23-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-24-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Johns Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>South of Ash Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-24-53</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Feiman Miller</u>		ADDRESS _____	

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

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 A. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.