No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9304

BIRTH NO. FILED APR 12 1954 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5668 Registrar's No. 21

570

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark
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): 2½ mi S. of Moscow Mills

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark. 0570
d. STREET ADDRESS (If rural, give location): 2½ mi S. of Moscow Mills Mo.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) PENDLETON c. (Last) COMPTON

4. DATE OF DEATH (Month) (Day) (Year): April 2. 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 20 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 11 Days 12 — 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: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Richard Compton
13b. MOTHER'S MAIDEN NAME: Catherine Thomas
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)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Jodie Compton ADDRESS: Moscow Mills 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) Gunshot Wound. Left Breast

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

DUE TO (b) Self-Inflicted

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: Inst

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: E976X
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.): In home.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clark Twp. Lincoln Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 2. 1954 900 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Leased own Gun & pulled trigger with Saker

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): Joseph J. Marsh. Coroner. 3
23b. ADDRESS: 351 Monroe St Troy Mo.
23c. DATE SIGNED: 4/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 6 1954
24c. NAME OF CEMETERY OR CREMATORY: Compton Cemetery
24d. LOCATION (City, town, or county) (State): Lincoln County Mo

DATE REC'D BY LOCAL REG.: 4-7-1954
REGISTRAR'S SIGNATURE: Emma R. Riddle 162
25. FUNERAL DIRECTOR'S SIGNATURE: Wayne McCoy ADDRESS: Troy Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.