

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **11803**

FILED **MAY 3** 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar No. 403A

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

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield, Mo.)		c. LENGTH OF STAY (in this place) 17 hrs.	c. CITY OR TOWN (Mail at---) Graff Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital		e. STREET ADDRESS (If rural, give location) (Rural) 25 Miles North of Mtn. Grove	
3. NAME OF DECEASED (Type or Print) a. (First) Rufus b. (Middle) C. c. (Last) Wall		4. DATE OF DEATH (Month) (Day) (Year) 4 20 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan. 4, 1887
9. AGE (in years last birthday) 67		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 (City and State or Foreign Country) Clara, Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Robert W. Wall		13b. MOTHER'S MAIDEN NAME Sara Jane Douglas	
14. NAME OF HUSBAND OR WIFE Marie (Moorman) Wall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Marie Wall, ADDRESS Graff, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound Head INTERVAL BETWEEN ONSET AND DEATH 22 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E976X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (COUNTY) (STATE) Mountain Grove Wright Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 19 '54 5 A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inflicted	
22. I hereby certify that I attended the deceased from APRIL 19, 1954 to APRIL 20, 1954 ; that I last saw the deceased alive on APRIL 20, 1954 and that death occurred at 2:50 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Fred R. Farthing M.D.		23b. ADDRESS (City, town, or county) (State) (Date Signed) Med Arts Bldg Mo 4/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	24d. LOCATION (City, town, or county) (State) Mountain Grove Mo.
DATE REC'D BY LOCAL REG. 4-28-54	REGISTRAR'S SIGNATURE Cara Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rev Barber Mtn. Grove, Mo.	

JUN 1 1954

MAY 21 1954

MAY 5 1954

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.....
Signature of Student Embalmer

Signed *R W Barber*

Licensed Embalmer No. 38

P. O. Address *Inta*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.