

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18404

State File No.

FILED JUN 28 1954

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon "Rural" Boone</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY OR TOWN <u>Webster Groves</u>
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>AT PARENTS HOME.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Walter</u> c. (Last) <u>EOFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1954</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>Dec. 9, 1929</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>head MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CROWN CARTRIDGE CO.</u>	9. AGE (In years last birthday) <u>24</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u> IF UNDER 4 HRS. Hours <u>13</u> Min.
11a. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James EOFF</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Osborn</u>	
14. NAME OF DECEASED'S WIFE <u>EMMA Hess</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>486-32-1662</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emma EOFF</u> ADDRESS <u>Bourbon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <u>This man met Hess</u> DUE TO (c) <u>Death by shooting his self with 22 rifle</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Under suicide</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>Parents Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bourbon Boone - Crawford - MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 22 1954 9:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>By shooting</u>		22. I hereby certify that I attended the deceased from _____, 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 <u>James M. Jones</u> (Degree or title) _____		23b. ADDRESS <u>Steele, MO</u>	
23c. DATE SIGNED <u>June 25-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bourbon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bourbon MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman V. Heener</u> ADDRESS <u>Cuba, MO</u>	
DATE REC'D BY LOCAL REG. <u>6/23/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 75-0	

(Licensed Embalmer's Statement on Reverse Side)

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

0250

1954 AUG 2

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... *Herman C. Hoener*

Licensed Embalmer No. *462*

P. O. Address *Cuba + Miss*

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.