

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29533

State File No.

FILED AUG 24 1954

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4500 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY OR TOWN Leonard, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leonard	
c. LENGTH OF STAY (in this place) Life		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print) a. (First) EVERT b. (Middle) WILLIAM c. (Last) MANUEL			4. DATE OF DEATH (Month) (Day) (Year) 8-12-1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-29-1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtr, Farming		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Shelby Co., Mo.	
13a. FATHER'S NAME Warren Manuel			13b. MOTHER'S MAIDEN NAME Jana E. Ray		14. NAME OF HUSBAND OR WIFE Anna Manuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Anna Manuel, Leonard, Mo.		ADDRESS Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 22 Caliber Rifle Wound in left temple.		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Self inflicted DUE TO (c) Inquest Deemed Unnecessary.		
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"/>
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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) Leonard Shelby Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-12-1954 8:25 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? As above stated

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) Coroner	23b. ADDRESS Mo.	23c. DATE SIGNED 8/16/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-14-1954	24c. NAME OF CEMETERY OR CREMATORY Leonard Cemty.
24d. LOCATION (City, town, or county) (State) Leonard, Mo.		

DATE REC'D BY LOCAL REG. 8-19-54	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE Barklew-Hawkins	ADDRESS Shelbina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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AUG 25 19

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 _____

Licensed Embalmer No. 3498

P. O. Address Shelby, Md

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.