No. 300
10.48

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

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37874

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 201

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lebanon TS
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): Lebanon Rt. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Turner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Worth
d. STREET ADDRESS (If rural, give location): 608 Gilcrestt Drive

$420

3. NAME OF DECEASED (Type or Print)
a. (First): Jeanette
b. (Middle):
c. (Last): Ernest

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Oct. 26, 1943
9. AGE (In years last birthday): 11 | If under 1 year: Months: | Days: | If under 24 hrs.: Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Fort Worth, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harley Ernest
13b. MOTHER'S MAIDEN NAME: Nadine Hall
14. NAME OF HUSBAND OR WIFE: None

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 ADDRESS: R. W. Hall, Fort Worth, Tex.

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): 32 cal. bullet wound in brain — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Homicide
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: None
19b. MAJOR FINDINGS OF OPERATION?: E 981X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lebanon TS Laclede Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 17, 1954 9.00 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Homicide

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* 9.00 *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L R Palmer Jr. Coroner
23b. ADDRESS: Lebanon Mo.
23c. DATE SIGNED: 11/22/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/22/54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet,
24d. LOCATION (City, town, or county) (State): Ft. Worth, Texas

DATE REC'D BY LOCAL REG.: 11-22-1954
REGISTRAR'S SIGNATURE: Hella L. Clay 424
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L R Palmer Jr. Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Stanleigh R Pahmeyer

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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.