No. 300
10.48

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41466

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 180

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City, Mo.
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 314 N. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Webb City, Mo
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 314 N. Main St. 0492 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Thomas
c. (Last): Head Jr.

4. DATE OF DEATH (Month) (Day) (Year): Dec 19 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 28, 1916
9. AGE (In years last birthday): 38
IF UNDER 1 YEAR: Months 2 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Empire Dist Elec Co
11. BIRTHPLACE (City and State or Foreign Country): Webb City, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Head Sr.
13b. MOTHER'S MAIDEN NAME: Bessie Carey
14. NAME OF HUSBAND OR WIFE: Elnora Head

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes W.W.2
16. SOCIAL SECURITY NO.: 496-07-3041
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Elnora Head Webb City, 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 Head. — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES — Sustained by 32 cal bullet

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 [ ] NO [X]

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): WEBB CITY JASPER MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-19-54 6 a.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? PUT MUZZLE OF 32 CAL. PISTOL TO RT. SIDE OF HEAD AND PULLED TRIGGER

22. *I hereby certify that I attended the deceased from* DID, NOT, *to* ATTEND, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* ~~[illegible]~~ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W W Dunn Coroner Jasper County
23b. ADDRESS: First Nat'l Bldg. Joplin
23c. DATE SIGNED: 12-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Mo.

DATE REC'D BY LOCAL REG.: 12-21-54
REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer 474
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Johnston-Arnce-Simpson Mortuary Webb City, Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Filed DEC 27 1954

JAN 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.