

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7816

State File No.

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>1 hr.</u>	c. CITY OR TOWN <u>Bois D'Arc</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0390</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>GROVER</u> c. (Last) <u>DEMORE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1955</u>
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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>Aug 11 - 1892</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Fresco Section</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R. R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bois D'Arc, Mo - D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Demore</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Rose</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Demore</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hattie Demore, Bois D'Arc, Missouri</u>
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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, asphyxia, 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) <u>SKULL FRACTURE AND INTRACRANIAL HEMORRHAGE</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>GUNSHOT WOUND OF HEAD</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT? SUICIDE? HOMICIDE? (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bois d'ARC GREENE MISSOURI</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 11, 1955 A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gunshot wound of head</u>
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22. I hereby certify that I attended the deceased from 3-11, 1955, to 3-11, 1955, that I last saw the deceased alive on 3-11, 1955, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Shepley, M. D.</u>	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>3/14/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yakelley Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene Co - Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-14-55</u>	REGISTRAR'S SIGNATURE <u>Frank Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brun - David - Cohn Sons - Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

MAR 15 1953

MAR 15 1953

MAR 28 1953

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.....
Wayne L. Lane

Licensed Embalmer No. 470

P. O. Address *Ash Grove*

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.