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FILED MAY 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
12091

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>rural- Marion</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u>	c. CITY OR TOWN <u>Carthage</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 4 Box 382, Carthage</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>190</u>	
f. STREET ADDRESS <u>Route 4 Box 382</u>		(If rural, give location) <u>0 190</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>KYLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27, 1955</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>February 18, 1915</u>	9. AGE (In years last birthday) <u>40</u>	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) <u>hat designer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>hat factories</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lamonte, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Rev. Robert J. Kyle</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Collier</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-09-1731</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Oliver Garnes, Rte 4, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound head</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>  ANTECEDENT CAUSES Morbidity 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. <u>Left suicide note on his own hand writing</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E976 X</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>at home in barn</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marion township Jasper Missouri</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 27, 55 3:45p</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>shot self in forehead with 410 shotgun in barn. Top of head off.</u>
22. I hereby certify that I attended the deceased from <u>bed room at home</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:45p.</u> , from the causes and on the date stated above.		

23a. SIGNATURE <u>W. Colburn, M.D. Coroner, Jasper</u>	(Degree or title)	23b. ADDRESS <u>First State Bldg, Joplin</u>	23c. DATE SIGNED <u>4/28/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>April 29, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marionville, Missouri</u>

DATE REC'D BY LOCAL REG. <u>4-28-55</u>	REGISTRAR'S SIGNATURE <u>WY Clenton</u>	139-0	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Knell Mortuary Carthage, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

County of ...  
Date Filed  
MAY 4 1938

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 *Frank W. Keel*

Licensed Embalmer No. *444*

P. O. Address *Canthage*

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.