

FILED JUN 27 1955

THE DIVISION OF VITAL RECORDS OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19529

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5827 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL</u>		c. CITY OR TOWN <u>RURAL</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST BENTON TWP.</u>		e. STREET ADDRESS (If rural, give location) <u>NEOSHO RFD #2 0730</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u> b. (Middle) <u>DALE</u> c. (Last) <u>M. GEHEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 3. 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>MAY 14. 1953</u>
9. AGE (in years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 2 WKS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>WEBB CITY MISSOURI</u>
12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ORVILLE M. GEHEE</u>	
13b. MOTHER'S MAIDEN NAME <u>HELEN SHINN</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>ORVILLE M. GEHEE</u>		ADDRESS <u>NEOSHO Mo. RFD #2</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound</u>  ANTECEDENT CAUSES 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. <u>E9190 19</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	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>Neosho Newton Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/2/55 8:45 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Playing with a pistol</u>	
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 <u>8:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (In full or title) <u>Orville M. Gehee</u>		23b. ADDRESS <u>Neosho, Mo.</u>	23c. DATE SIGNED <u>6/5/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-5-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARKWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>NEWTON COUNTY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>6-17-55</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Blumstein</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Orville Thompson Jr.</u>	ADDRESS <u>Neosho Mo</u>

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

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No. \_\_\_\_\_

District Embalmer No. \_\_\_\_\_

Date 1956 \_\_\_\_\_

JUN 24 1955

NEOSHO, MISSOURI

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 *Ray P. Adams*

Licensed Embalmer No. 492

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.