

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36383

State File No.

FILED NOV 22 1955

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5356 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Long Lane</u>		c. CITY OR TOWN <u>Long Lane</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rural Route #2</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u>	b. (Middle) <u>Todd</u>	c. (Last) <u>Chine</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-1955</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>11-1-1905</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Cline</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MILDRED CLINE Long Lane, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Verdict Coroners request</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Come to his death</u>		
	DUE TO (c) <u>by gun shot wounds at the hand of Leslie Henderson</u>		
11. 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 <u>Wound in the chest.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Unknown</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>43</u> (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-9-55-4</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. E. Corbett</u>	23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>11-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-11-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Topeka, Kansas</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>11/19/55</u>	REGISTRAR'S SIGNATURE <u>Dr. Grace Petree</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.B. Jones Buffalo, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC-2
FEB 2 1956

FEB 23 1956

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 *William B. Carter*

Licensed Embalmer No. *10*

P. O. Address *Buffalo*

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.