

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8095

State File No.

FILED APR 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>405</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>24 yrs.</u>		c. CITY OR TOWN <u>St. Joseph</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>Missouri Methodist Hospt.</u>				e. STREET ADDRESS (If rural, give location) <u>109 E. Moose St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Dragoo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 8, 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan. 25, 1932</u>	
9. AGE (In years last birthday) <u>24</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>Delivery work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wathena, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Dragoo</u>			13b. MOTHER'S MAIDEN NAME <u>Goldie Phroper</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-32-5545</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Goldie Dragoo</u> ADDRESS <u>109 E. Moose St. St. Joseph, 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>Gun shot wound through head</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bullet entered back of skull and exit through the mouth and upper lip.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Man was shot through the head with a 22 caliber rifle by another man while in target practice.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>9198</u> <u>43</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>head with a 22 caliber rifle by another man while in target practice</u>				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., to or about home, farm, factory, street, office bldg., etc.) <u>Missouri river bank</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 8-1956 1:00 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>shot by another person.</u>			
22. I hereby certify that I <u>viewed</u> the deceased from <u>4/9</u> , 19 <u>56</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:36 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. F. Mundy (Coroner) M.D.</u>				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>4/9/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 11, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr 10, 1956</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clare A. Clark</u>		ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>	

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

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 *Earl A. Clark*

Licensed Embalmer No. *42*

P. O. Address *St. Joe*

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.