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

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19970

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 196

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): 50yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1011 Madison Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1011 Madison Street 0264

3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) John c. (Last) Hirschman
4. DATE OF DEATH (Month) (Day) (Year): July 1 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: October-21-1888
9. AGE (In years last birthday): 67 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Diversified
11. BIRTHPLACE (City and State or Foreign Country): Cole County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Michael Hirschman
13b. MOTHER'S MAIDEN NAME: Elizabeth Goetz
14. NAME OF HUSBAND OR WIFE: Lavenia Hirschman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ~~SIGNATURE OR~~ NAME ADDRESS: Mrs. Lloyd Karr, Jefferson City, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound In Left Chest — 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)

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: 976X
20. AUTOPSY? YES [ ] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 1011 MADISON
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jefferson City Cole Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 1-1956 5:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Self inflicted Gun Shot Wound.

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* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. E. McCammon (Degree or title) Deputy Sheriff
23b. ADDRESS: Jefferson City, Mo.
23c. DATE SIGNED: 7/2/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/3/1956
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Missouri

DATE REC'D BY LOCAL REG.: 7-7-56
REGISTRAR'S SIGNATURE: R. P. Harris M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Robert Gordon Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas J. Gordon

Licensed Embalmer No. 178

P. O. Address Jeff City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.