

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20345

State File No. _____

FILED JUN 26 1956

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5542 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Bonne Femme Twp</u> c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY OR TOWN <u>Fayette</u> 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>R. R. 5 Fayette, Mo.</u>		STREET ADDRESS (If rural, give location) <u>Rural-Bonne Femme Twp. 0450</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CAPITOLA</u>	b. (Middle) <u>LAVERENE</u>	c. (Last) <u>HUDDLESTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 1, 1925</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 24 HRS. Hours <u>11</u>	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rural School</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dewey Dougherty</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Kieth</u>	14. NAME OF HUSBAND OR WIFE <u>Greenberry Huddleston</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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>493-28-5558</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dewey Dougherty</u>	ADDRESS <u>R.R. 5 Fayette 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gunshot wound of head</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>981X</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>undetermined by jury</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>Bonne Femme Twp Howard Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-12-56 8A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>gunshot wound - by person unknown or persons unknown.</u>
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22. I hereby certify that I attended the deceased from June 12, 1956, to June 12, 1956, that I last saw the deceased live on June 12, 1956, and that death occurred at 8A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm J. Shaw, Jr MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Lee Hospital, Fayette, Mo</u>	23c. DATE SIGNED <u>6-19-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/14/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-19-56</u>	REGISTRAR'S SIGNATURE <u>Mary B. Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald A. Carr</u>	ADDRESS <u>Fayette, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 27 1956

AUG 13 1956

AUG 3 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 *Joseph A. Carr*.....

Licensed Embalmer No. *23*

P. O. Address *Gayette*.....

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