

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22680

STATE FILE NUMBER

FILED AUG 15 1956

Registration District No. 1 Primary Registration District No. 5008 Registrar's No. 299

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Walnut Twup.</u> TOWN | | c. CITY OR TOWN <u>Greencastle R. F.D. #3</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at farm home, Walnut Twp.</u> | | d. STREET ADDRESS <u>R. F. D. #3</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Beulah</u> Middle _____ Last <u>Pipes</u> | | 4. DATE OF DEATH <u>Aug. 12, 1956</u> Month Day Year | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>N ov. 1, 1918</u> |
| 9. AGE (In years last birthday) <u>37</u> | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Sullivan County, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>Melvin Craig</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Pernia Smith</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Earl Pipes, Greencastle, Mo.</u> Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Self-inflicted gunshot wound in head</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>Mr 35min</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Shot self in center forehead with 22 cal rifle</u> | | |
| 20c. TIME OF INJURY <u>5:15 p.m.</u> Hour Month, Day, Year <u>8-12-56</u> | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u> | 20f. CITY, TOWN, OR LOCATION <u>Walnut twup</u> | COUNTY <u>Adair</u> STATE <u>Mo.</u> |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5457 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Robert B. Davis</u> (Degree or title) <u>Coroner</u> | | 22b. ADDRESS <u>Turksville Adair Co. Mo</u> | 22c. DATE SIGNED <u>8-12-56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8/14/56</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cheesman Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Behm Riley</u> ADDRESS <u>Kirksville, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>8-13-56</u> | 26. REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 *Kenneth E Hayes*.....

Licensed Embalmer No. *489*.....

P. O. Address *Kirkville*.....

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.