

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34830**

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5806** Registrar's No. **48**

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

1. PLACE OF DEATH a. COUNTY Monroe.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Southfork Twnshp)		c. CITY OR TOWN Southfork Township	d. Is Residence within limits of city or incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) R.D.D. Molino, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Molino, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) A.		b. (Middle) DREW c. (Last) UMSTATTD	
4. DATE OF DEATH Oct 10, 1956.			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 24, 1892
9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months 8 Days 16	# UNDER 1 YEAR Hours Min. 	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Monroe Co, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James M. Unstattd		13b. MOTHER'S MAIDEN NAME Anna Kerr	
14. NAME OF HUSBAND OR WIFE Gertrude Unstattd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs Gertrude Unstattd		ADDRESS Molino, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) .22 cal. Rifle wound in rt. Temple INTERVAL BETWEEN ONSET AND DEATH few Min. ANTECEDENT CAUSES Morbidity 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hallway of barn	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Southfork Monroe Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 10, 1956 7:00 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot himself with a .22 rifle	
22. I hereby certify that I attended the deceased from 10-10-1956 , to 10-10-1956 , that he did not see the deceased alive on 10-10-1956 , and that death occurred at 7:00AM , from the causes and on the date stated above.			
23a. SIGNATURE J.A. Barnett (Degree or title) M.D.		23b. ADDRESS Paris, Missouri.	
23c. DATE SIGNED 10-12-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-12-56	24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri.
DATE REC'D BY LOCAL REG. 10-15-56	REGISTRAR'S SIGNATURE J.A. Barnett M.D.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clyde C. Wilkey Perry, Mo.	

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 *Clyde Wickey*.....

Licensed Embalmer No.... 3820

P. O. Address... Perry, Miss

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.