

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39031**

FILED NOV 26 1956

BIRTH NO. _____		REG. DIST. NO. <b>277</b>		PRIMARY REG. DIST. NO. <b>5949</b>		Registrar's No. <b>51</b>	
1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bowling Green - <i>Quinn Top</i></b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Bowling Green</b>		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: <b>none</b>				e. STREET ADDRESS (If rural, give location) <b>16 N 14th St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Benton</b> b. (Middle) <b>Pargeon</b> c. (Last) <b>Joseph</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 14 1956</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 16, 1928</b>		9. AGE (In years last birthday) <b>28</b>	# UNDER 1 YEAR Months <b>4</b> Days <b>28</b>	# UNDER 2 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe factory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bowling Green, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Salem Joseph</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Veronia Joseph</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>World war #2</b>		16. SOCIAL SECURITY NO. <b>+86-34-9456</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Verona Joseph Bowling Green, Missouri</b>			
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) <b>Shovel Wound in rt. temple</b>  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.					INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. AGENT OF SUICIDE (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>976X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____ on <b>Nov 14</b> , 1956, and that death occurred at <b>10 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. C. Mudd Coroner</b>				23b. ADDRESS <b>Bowling Green Mo</b>		23c. DATE SIGNED <b>Nov 16-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-17-56</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Bowling Green City Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Bowling Green, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>11-19-56</b>		REGISTRAR'S SIGNATURE <b>Bell Robinson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. C. Mudd Bowling Green, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 27 1956  
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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 *James O. Mull* .....

Licensed Embalmer No. *4152*

P. O. Address *Bowling Green*

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.