

FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40344

BIRTH NO.		REG. DIST. NO. 355		PRIMARY REG. DIST. NO. 6203		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Texas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Current #1</b>		c. LENGTH OF STAY (in this place) <b>11 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Current #1</b>		d. STREET ADDRESS (If rural, give location) <b>1070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <b>David</b> b. (Middle) <b>Shaw</b> c. (Last) <b>Brim</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13, 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 28, 1890</b>	
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>15</b>		IF UNDER 2 WKS. Hours <b>15</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Hartshorn, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>David S. Brim</b>		13b. MOTHER'S MAIDEN NAME <b>Patsy J. Silva</b>		14. NAME OF HUSBAND OR WIFE <b>Martha</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Martha Brim - Hartshorn, Mo.</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>gun shot wound in chest</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>self inflicted. 12 ga.</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>instant</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>976x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Current #1 Texas, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-13-56 6:42 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>self inflicted. 12 ga. gunshot wound</b>			
22. I hereby certify that I <del>attended</del> <sup>JEWELER</sup> the deceased <del>on</del> <sup>ON</sup> <b>11-13</b> , 19 <b>56</b> , to <b>11-13</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>11-13</b> , 19 <b>56</b> , and that death occurred at <b>10:40 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>James Gentry</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Cabool, Mo.</b>		23c. DATE SIGNED <b>11-17-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-15-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Antioch</b>		24d. LOCATION (City, town, or county) (State) <b>Hartshorn, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-20-56</b>		REGISTRAR'S SIGNATURE <b>Anna Roberts</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Elliott Funeral Home, Houston, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 .....  
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

**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 this body is not embalmed, fact should be so stated above.