

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 8 1957

STANDARD CERTIFICATE OF DEATH

31572

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 606

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clinton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SIX E Franklin Life</u>		d. STREET ADDRESS (If outside, give location) <u>SIX E Franklin</u>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Francis</u> Middle <u>Michael</u> Last <u>Geraghty</u>			Month <u>Oct</u> Day <u>1</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>July 31-1893</u>	9. AGE (In years last birthday) <u>64</u>	10. KIND OF BUSINESS OR INDUSTRY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		11. BIRTHPLACE (City and state or country) <u>Clinton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Geraghty</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Hofferwan</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-12-7465</u>	17. INFORMANT Address <u>John Geraghty Clinton Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wound</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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? <u>1</u> 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>Gun shot wound - one inflicted 12 gauge.</u>	
20c. TIME OF INJURY Hour <u>11:00</u> a.m. Month <u>10</u> Day <u>1</u> Year <u>57</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Shelby and Cross</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Clinton Henry Mo</u>	
21. I attended the deceased from <u>D.O.A.</u> to _____ and last saw ^{her} him alive on <u>10/2/57</u> Death occurred at <u>Approx 11:30</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W.D. Anderson</u>		22b. ADDRESS <u>Henry Co. Courthouse Clinton, Mo.</u>	
22c. DATE SIGNED <u>10/2/57</u>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-3-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Siekman-Duoning Clinton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-3-57</u>	26. REGISTRAR'S SIGNATURE <u>W.D. Anderson</u>

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1957
OCT 9 1957

FEB 24 1958

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 *Robert L. Dunn*

Licensed Embalmer No. *47*

P. O. Address *Clinton*

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