

FILED SEP 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32567
State File No. _____

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 4288		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Moscow Mills		c. LENGTH OF STAY (in this place) 4 yr.		c. CITY OR TOWN Moscow Mills MO.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0570			
3. NAME OF DECEASED (Type or Print) a. (First) Bradley			b. (Middle) None		c. (Last) Priester		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15, 1887		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 8 Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Ret)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lincoln County MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Mathew Priester			13b. MOTHER'S MAIDEN NAME Sarah Wilson		14. NAME OF HUSBAND OR WIFE Matilda Priester		
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glennon Priester Station 111 #1			
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) Gunshot Wound of Right Parietal region. Self inflicted. ANTECEDENT CAUSES region. Self inflicted. Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 976X					20. AUTOPSY? 2 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.) Moscow Mills, Lincoln Missouri		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moscow Mills, Lincoln Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot Self with 22 Cal. Rifle					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 Pm., from the causes and on the date stated above.							23c. DATE SIGNED
23a. SIGNATURE (Degree or title) Joseph J. Marsh Coroner				23b. ADDRESS 351 Monroe St. Troy, Missouri			23c. DATE SIGNED 9/14/57
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 16, 1957	24c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery		24d. LOCATION (City, town, or county) (State) Lincoln County MO.		
DATE REC'D BY LOCAL REG. 9-20-57		REGISTRAR'S SIGNATURE Thos. K. Licks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. McCoy Troy Mo.			

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

SEP 13 1957

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..... *D W McCoy*
Licensed Embalmer No. *3589*
P. O. Address *Troy 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.