

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32588**

FILED SEP 20 1957

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3637** Registrar's No. **269**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY OR TOWN Marceline	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 40		e. STREET ADDRESS (If rural, give location) 113 W. Gracia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 113 W. Gracia St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Edwin	b. (Middle) Franklin	c. (Last) Hayden	4. DATE OF DEATH (Month) (Day) (Year) 9/14/57
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 12/10/1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 9 Days 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Detroit, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William	13b. MOTHER'S MAIDEN NAME Eunice Shriver	14. NAME OF HUSBAND OR WIFE Bertha (dec)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 499-36-5274	17. INFORMANT'S SIGNATURE OR NAME William Hayden	ADDRESS Marceline, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self Inflicted Gunshot to R. Car		INTERVAL BETWEEN ONSET AND DEATH None
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marceline Linn MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 14 57 11A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 38 Cal. Revolver
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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 **11:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James B. McCallard Coron	23b. ADDRESS Brookfield MO	23c. DATE SIGNED 9/14/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 9/16/57	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Marceline, Mo
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DATE REC'D BY LOCAL REG. 9-16-57	REGISTRAR'S SIGNATURE Bonnie Owens	25. FUNERAL DIRECTOR'S SIGNATURE James W. Laughlin	ADDRESS Marceline
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(Licensed Embalmer's Statement on Reverse Side)

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

530
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SEP 20 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..... *Billy Jack Skinner*

Licensed Embalmer No. *4784*

P. O. Address *Madeline*

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.