

FILED SEP 30 1957

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32770

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>115</u>			
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		1370			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 Thrasher St.</u>				d. STREET ADDRESS (If rural, give location) <u>410 Thrasher St.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RAY</u>		b. (Middle) <u>EUGENE</u>		c. (Last) <u>PASSIEUX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 11, 1935</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Momoni Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jack Clarence Passieux</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Mae Waechter</u>			14. NAME OF HUSBAND OR WIFE <u>Bonnie Lee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Present</u>		16. SOCIAL SECURITY NO. <u>506-34-7574</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>U. S. Army Records Ft. Crowder</u>					
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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self Inflicted Gun Shot Wound</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in head.</u>							
		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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neosho Newton Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-12-1957-8:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>410 Shot Gun Right Side of Head</u>					
22. I hereby certify that I attended the deceased from _____ 18____, to <u>9-12, 1957</u> that I last saw the deceased alive on _____, 18____, and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Doyle Thompson Jr. - coroner</u>					23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>9-14-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-14-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>O'Neal Nebraska</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-16-57</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bruman M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Doyle Thompson Neosho Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. Newton

District File Number 957-216

Date Filed SEP 23 1957

VS JAN 3 1961

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 Cory A. [Signature]

Licensed Embalmer No. 4861

P. O. Address Newton, 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.