

FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39376

STATE FILE NUMBER

REG.# 15480

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

23

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN HARTSHORN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS NONE	
3. NAME OF DECEASED (Type or print) First EVERETT Middle AUSTIN Last BRIM		4. DATE OF DEATH NOVEMBER 26, 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/12/23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Polisher		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) HARTSHORN, MISSOURI
13a. FATHER'S NAME WILLIE BRIM		13b. MOTHER'S MAIDEN NAME MINNIE CRABTREE	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. 499187080	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH 12 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GUNSHOT WOUND IN HEAD.			12 Hours
DUE TO (c) _____			9190 19
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? NO YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Accidentally shot himself in head with 22 caliber bullet.	
20c. TIME OF INJURY 5:30 p.m. 11/25/57		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home		20f. CITY, TOWN, OR LOCATION Hartshorn (Texas Co.) Missouri	
21. Attended the deceased from 11:30 PM, 11/25/57 to 5:10 AM, 11/26/57 Death occurred at 5:10 AM			
22a. SIGNATURE GROVER W. GREER, Coroner		22b. DATE SIGNED 11/26/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11-26-57	23c. NAME OF CEMETERY OR CREMATORY Nile Cemetery	23d. LOCATION (City, town, or county) (State) Hartshorn, Mo.
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 12/9/57	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

+89

DEC 21 1957

RECEIVED

DEC 21 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

DATE OF DEATH

TIME

PLACE

TOWN

BY

EMBALMER

DATE

TIME

PLACE

TOWN

STATE

COUNTY

BY

EMBALMER

DATE

PLACE OF DEATH

TOWN

STATE

COUNTY

BY

EMBALMER

BY

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. _____

and while the body was being embalmed I was personally working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Charles E. Mungle*

Licensed Embalmer No. *4877*

P. O. Address *Polk, Ia*

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.