

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019424  
STATE FILE NUMBER.

DECEASED MAY 27 1958 Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 192

300  
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Francois</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>             |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Desloge</b>  |   | c. CITY OR TOWN <b>Desloge</b> <b>0940</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>707 Monroe St.</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>707 Monroe St.</b>  |   |
| Length of stay in 1b<br><b>5 years</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>James</b> Middle <b>Lester</b> Last <b>Huskey</b>   |   |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>14</b> Year <b>1958</b>                               |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 21, 1899</b>  |
| 9. AGE (In years last birthday)<br><b>58</b>  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Car Inspector</b> |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railway</b>   |
| 11. BIRTHPLACE (City and state or country)<br><b>Hillsboro, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13. FATHER'S NAME<br><b>LeRoy Huskey</b>  |   | 14. MOTHER'S MAIDEN NAME<br><b>Lula Shelton</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>494 07 2780</b>   |   |
| 17. INFORMANT<br><b>Coroner, St. Francois Co., Mo.</b>  |   | Address   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gunshot wounds in head.</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Carom gun verdict as a result of a revision of gunshot wounds of .27 caliber feloniously fired into his head.</b> |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| DUE TO (c) <b>Same as (b).</b>  |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>981X</b>   |   |   |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>  |   | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)<br><b>Four gunshot wounds in head from .27 caliber gun.</b>     |   |
| 20c. TIME OF INJURY<br>Hour <b>unk.</b> Month <b>5</b> Day <b>14</b> Year <b>1958</b>   |   |   |   |
| 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.)<br><b>deceased residence</b>                                      |   |
|   |   | 20f. CITY, TOWN, OR LOCATION<br><b>Desloge</b>  |   |
|   |   | COUNTY<br><b>St. Francois</b>   |   |
|   |   | STATE<br><b>Mo.</b>   |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.                           |   |   |   |
| 22a. SIGNATURE<br><b>Bert J. Miller</b> (Degree or title)<br><b>Coroner</b>   |   | 22b. ADDRESS<br><b>Farmingtown, Mo</b>  |   |
|   |   | 22c. DATE SIGNED<br><b>5/21/58</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>5/18/1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Francois Mem. Pk.</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Francois, Co. Mo</b>                      |
| 24. FUNERAL DIRECTOR<br><b>Boyer &amp; Son</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>May 14, 1958</b>   |   |
| ADDRESS<br><b>Desloge Mo.</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Eother Rudloff</b>  |   |

JUN 4 1958

MAY 28 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 *B. H. Boyer*

Licensed Embalmer No. 366

P. O. Address Desloge, Mo.

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.