

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021723  
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 139 Primary Registration District No. 4227 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>HOLT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>HOLT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mound City</b>		c. CITY OR TOWN <b>Mound City</b> <sup>0440</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <b>9 YRS.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>CLARENCE</b> Middle <b>Roy</b> Last <b>HAND</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>15</b> Year <b>1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 25, 1930</b>	9. AGE (In years last birthday) <b>28</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GENERAL LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LABORER</b>	11. BIRTHPLACE (City and state or country) <b>SAPULPA, OKLA.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>EARL J. HAND</b>			14. MOTHER'S MAIDEN NAME <b>LULA QUIMBY</b>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>490-34-9092</b>	17. INFORMANT Address <b>MRS. LULA WALKER - MOUND CITY, MO.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BULLET WOUNDS IN CHEST &amp; FIREHEAD</b>		INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		976 X

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>SELF INFLICTED (22 PISTOL)</b>	
20c. TIME OF INJURY Hour <b>4</b> Month <b>4</b> Day <b>15</b> Year <b>58</b> a. m. <b>4</b> p. m.		
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.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **4 P.M.** to **4 P.M.** and last saw her/him alive on **6/15/58**  
Death occurred at **4 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>H. E. Cahlin D.O. coroner Holt co. argon mo.</b>	22b. ADDRESS <b>3</b>	22c. DATE SIGNED <b>6/15/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-17-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CRAIG CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CRAIG, MISSOURI</b>
24. FUNERAL DIRECTOR <b>JAMES H. CRAWFORD</b>	25. DATE RECD. BY LOCAL REG. <b>6/15/58</b>	26. REGISTRAR'S SIGNATURE <b>James H. Crawford</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. (All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.)

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.....  
*James Crawford*

Licensed Embalmer No. 47

P. O. Address *Mound*

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.