

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023359
STATE FILE NUMBER
3993

FILED JUN 27 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital DOA			Length of stay in 1b 22.59		d. STREET ADDRESS (If outside, give location) 1410 North 8th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Virginia Middle Patsy Last Haney				4. DATE OF DEATH Month June Day 9 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH March 16, 1929		9. AGE (In years last birthday) 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Pocahontas, Arkansas.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME B. N. Million			13b. MOTHER'S MAIDEN NAME Carrie Ford		14. NAME OF HUSBAND OR WIFE Zan Haney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) (If yes, give no. or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Charles Johnson, 4539a Clayton Avenue.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of the Head						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) E981+	
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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter part of injury in PART I or PART II of item 18) Shot in back by party in party's restaurant in Tavern at #13 North Broadway, about 4:40 pm June 9 1958.				
20c. TIME OF INJURY Hour 4:40 Month, Day, Year June 9 1958		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bar		20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY STATE	
21. I attended the deceased from 4:51 and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Patric J. Taylor Carover (Degree or title)				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 6-10-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-10-58	23c. NAME OF CEMETERY OR CREMATORY Ford Cemetery		23d. LOCATION (City, town, or county) (State) Pocahontas, Arkansas.		
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd. ADDRESS				25. DATE RECD. BY LOCAL REG. JUN 10 58		26. REGISTRAR'S SIGNATURE Carl Smith No 2083	

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 *Elton M. Penick*

Licensed Embalmer No. *4283*
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.