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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-002521

FILED JAN 7 1959 Registration District No. 294 Primary Registration District No. 6008 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RFD #1 Moberly — Length of stay in 1b 1 year

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS RFD #1 (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: ESTILL Middle: CHELLAN Last: LAFORCE

4. DATE OF DEATH Month: Jan Day: 1 Year: 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Oct. 8 1913

9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Hallsville Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William B. LaForce

14. MOTHER'S MAIDEN NAME Nancy Eldora Ridgeway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 487-22-3870

17. INFORMANT Mrs. Marie LaForce Address Moberly Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gun shot wound — Instant
DUE TO (c) 9191
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 43

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) While hunting shot in back by .22 Caliber long rifle entering at 7 & 8 dorsal vertebra came out 5th intercostal space

20c. TIME OF INJURY 12:01 p.m. Month, Day, Year 1-1-59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm

20f. CITY, TOWN, OR LOCATION Prairie COUNTY Randolph STATE Missouri

21. I attended the deceased from —, to —, and last saw her/him alive on —
Death occurred at 12:01 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Guy S. Jolly M.D. Coroner (Degree or title)

22b. ADDRESS 203½ N Clark Moberly Mo

22c. DATE SIGNED 1-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan-3-1959

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens

23d. LOCATION (City, town, or county) Moberly (State) Missouri

24. FUNERAL DIRECTOR Cater Funeral Home ADDRESS Moberly Mo.

25. DATE RECD. BY LOCAL REG. 1-3-59

26. REGISTRAR'S SIGNATURE Leah Lowe

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1959

FEB 18 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. M. Cater

Licensed Embalmer No. 41

P. O. Address Moberly

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.