

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037255

FILED VS. OCT 20 1959 2.97

Primary Registration District No. 4446

Registrar's No. 128

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY					
b. CITY (If outside corporate limits, give TOWNSHIP only) HARDIN		Length of stay in 1b 3 years	c. CITY OR TOWN HARDIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) Home		Side Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last DAVID McCLELLAN SEE			4. DATE OF DEATH Month Day Year Oct 5, 1959				
5. SEX male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1897	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JUNK DEALER		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Downing, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME JOHN E. SEE		13b. MOTHER'S MAIDEN NAME AMANDA JANE POWERS		14. NAME OF HUSBAND OR WIFE ESTELLA BEASSEE (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 489-38-3079	17. INFORMANT Address LUCILLE WEDDLE - HARDIN, 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) Self inflicted gun shot wound of chest 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY	20h. STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at Between 5:00 AM & 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Thomas B. Gody M.D. Coroner			22b. ADDRESS Richmond Mo.		22c. DATE SIGNED 10/5/59		
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE 10-7-59	23c. NAME OF CEMETERY OR CREMATORY HARDIN CEM.		23d. LOCATION (City, town, or county) (State) HARDIN Mo.			
24. FUNERAL DIRECTOR KNIPSCHILD & BORCHARDING - HARDIN Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 10-13-1959	26. REGISTRAR'S SIGNATURE Mabel Jackson		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

5961 12 193 SA

MAR 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed August Boeckding

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.