

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant twship.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Athens</u>
c. FULL NAME OF (If NOT in hospital, give locatoh) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 <u>Lewis ALBERT Doud</u>			4. DATE OF DEATH Month Day Year <u>12 - 27 - 59</u>			
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-26-1933</u>	9. AGE (last birthday) <u>26</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmington, Iowa</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Kenneth Doud</u>	13b. MOTHER'S MAIDEN NAME <u>Zelma Parke</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-38-6583</u>	17. INFORMANT <u>Mrs. Kenneth Doud - Revere, Mo.</u>	Address
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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) <u>Bullet Wound self inflicted</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>(over) Hemorrhage</u>	
	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
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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.)
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20c. TIME OF INJURY Hour <u>2:30</u> p.m. <u>12-27-59</u>	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Stock Barn - on Clewco Preci Barn 15M N.E. KAHOKA MO</u>	20f. CITY, TOWN, OR LOCATION <u>CLARK MO</u>	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. H. Shannon, M.D. Coroner.</u>	(Degree or title)	22b. ADDRESS <u>Kahoka Mo</u>	22c. DATE SIGNED <u>12-31-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 29, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Athens Crematory, Athens, Mo.</u>	23d. LOCATION (City, town, or county) <u>Athens, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Otis L. Gustin, Kahoka, Mo.</u>	ADDRESS	25. DATE FILED BY LOCAL REG. <u>12-31-59</u>	26. REGISTRAR'S SIGNATURE <u>J. H. Shannon</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Body found by Mr & Mrs Donald Watson on The Clarence
Farm in the State of the Stock farm. 15 miles N.E. KAHOKA, MO.
Shot him self with a 22 caliber H.C. Higgins Rifle. One shot
fired entered through the left cheek over to the right occipital
portion of head. The bullet was pathologic but did not go all way
through. This man was home on leave from the State Hospital
Burlington Mo. quite a pool of blood found coming from the
inflicted wound. Body found 2.30 pm. approximately one hour
after shooting.

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

Oliver L. Sutterly

Licensed Embalmer No.

2965

P. O. Address

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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.