

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 8 1960

'59 0 4 4 8 7 4

STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 1

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Granby</u>		Length of stay in 1b Years <u> </u>		c. CITY OR TOWN <u>Granby</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Drugstore on N. Main</u>			Inside 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 <u>Howard</u> Middle <u>Claud</u> Last <u>Ping</u>				4. DATE OF DEATH Month <u>December</u> Day <u>30</u> Year <u>1959</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-25-1913</u>		9. AGE (last birthday) <u>46</u>	
						IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>		11. BIRTHPLACE (City and state or country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Earl Ping</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Swager</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Willie J. Ping</u>			
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>524-09-1002</u>		17. INFORMANT Address <u>Mrs. Willie Jean Ping Granby, Mo.</u>				
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>Self inflicted gun shot wound</u> DUE TO (b) <u>in right chest.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)								INTERVAL BETWEEN ONSET AND DEATH	
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.) <u>Shot self 38 cal. Pistol</u>					
20c. TIME OF INJURY Hour <u>8</u> Month <u>12</u> Day <u>30</u> Year <u>1959</u> a.m. <u> </u> p.m. <u> </u>		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>Drug Store</u>		20f. CITY, TOWN, OR LOCATION <u>Granby Newton</u>		COUNTY <u>Missouri</u> STATE <u> </u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred <u>about 8 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Corey Thompson Coroner</u> (Degree or title)				22b. ADDRESS <u>Nersko Mo.</u>				22c. DATE SIGNED <u>12/31/59</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-8-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Granby Memorial</u>		23d. LOCATION (City, town, or county) <u>Granby, Missouri</u>			
24. FUNERAL DIRECTOR <u>Shewmake Funeral Home Granby, Missouri</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Jan 4, 1960</u>		26. REGISTRAR'S SIGNATURE <u>M. B. Young</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 8 1960

MAR 29 1960

JAN 26 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 me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Floyd E. Sheumaker

Licensed Embalmer No. 4923
P. O. Address Box 58 Yranby, N

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.