

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023617

FILED VS JUL 12 1960
INDEXED

155 Primary Registration District No. 5578 Registrar's No. 111

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper - <u>Joplin Twp</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. of Duenweg $\frac{1}{2}$ mi		Length of stay in lb 37 yrs	c. CITY OR TOWN Duenweg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION $\frac{1}{2}$ mi E & $\frac{1}{2}$ Mi N of Duenweg			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 412 Mower		
3. NAME OF DECEASED (Type or print) First MIDDLE Last BENTON C. STUDYVIN			4. DATE OF DEATH Month Day Year June 29, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-10-1897	9. AGE (last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10b. KIND OF BUSINESS OR INDUSTRY Atlas Powder Co.		11. BIRTHPLACE (City and state or country) Compton, Arkansas	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Clyde Studyvin		13b. MOTHER'S MAIDEN NAME Martha Smith		14. NAME OF HUSBAND OR WIFE Loveta Studyvin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 486-05-8369	17. INFORMANT Mrs. Loveta Studyvin, Duenweg, Missouri			
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>Suicide</u> self inflicted gun shot wound in chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					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.) Left home at 9A.M.-was found at 8:30PM			
20c. TIME OF INJURY 9:30 a.m.	Month, Day, Year 6 29 60	with 410 shot gun at side, had lain in sun all day				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) North of Duenweg	20f. CITY, TOWN, OR LOCATION Duenweg	COUNTY Jasper	STATE MO	
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 (Degree or title) Eugene Roberts Deputy Sheriff			22b. ADDRESS 902 Maple Joplin Mo		22c. DATE SIGNED 7-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 2, 1960	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery		23d. LOCATION (City, town, or county) Joplin, Missouri		
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 7-12-60	26. REGISTRAR'S SIGNATURE Hunsardwick m			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 28 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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.