

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007669

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 282 STATE FILE NUMBER

AMENDED FILED MAR 27 1961

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1403 Sylvania St Joseph Length of stay in 1b 2 yrs. c. CITY OR TOWN St Joseph Inside Limits Yes X No  d. STREET ADDRESS 1403 Sylvania (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year Turney Harold Claycomb March 3 1961

5. SEX Male 6. COLOR OR RACE White 7. Married X Never Married  Widowed  Divorced  8. DATE OF BIRTH 02-15-1916 9. AGE (last birthday) 44 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver 10b. KIND OF BUSINESS OR INDUSTRY Trucking 11. BIRTHPLACE (City and state or country) Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Turney Claycomb 13b. MOTHER'S MAIDEN NAME Nettie Hecker 14. NAME OF HUSBAND OR WIFE Goldie Claycomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) no 17. INFORMANT Roy Claycomb Weatherby Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) traumatic shock & Hemorrhage instant INTERVAL BETWEEN ONSET AND DEATH XXXXX DUE TO (b) self inflicted bullet wound in heart at once Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 22 rifle & 22 long bullet at once 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  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE X HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) not accident

20c. TIME OF INJURY Hour Month, Day, Year 6:30 a.m. 3-3-61 Home St Joseph Buchanan Mo.

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from viewed body to and last saw him on 3-3-61 Death occurred at 6:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED SE Melaney, M.D., coroner St. Joe 8, Mo 3-20-61

23. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Burial 3-5-61 Fairview McFall Mo

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE John Brown Maysville Mo. Mar. 21, 1961 Mrs. Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

CERTIFICATION

S.E. Melaney, M.D.

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 John Bion

Licensed Embalmer No. 3933

P. O. Address Maysville 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.