

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014628

STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 4396 Registrar's No. 71

FILED MAY 11 1961

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |
| a. COUNTY <b>Pemiscot</b>   |  | a. STATE <b>Missouri</b> COUNTY <b>Pemiscot</b>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Wardell</b>   |  | Length of stay in 1b<br><b>Life</b>   | c. CITY OR TOWN <b>Wardell</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Home</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Gen. Del.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>           |
| 3. NAME OF DECEASED (Type or print)   |  |   | 4. DATE OF DEATH   |
| First <b>George</b> Middle <b>Perry</b> Last <b>Letner</b>  |  |   | Month <b>May</b> Day <b>5</b> Year <b>1961</b>   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12-1-1885</b>   |
| 9. AGE (last birthday)<br><b>75</b>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Wardell, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  | 13a. FATHER'S NAME<br><b>Andrew Letner</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Jane Bussell</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Hattie Letner</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 17. INFORMANT<br><b>Hattie Letner</b> Address <b>Wardell, Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Gun shot Wound in Stomach.</b>                                       |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Accidentally fell on gun, discharging same</b>           |  |
| 20c. TIME OF INJURY<br>Hour <b>A.M.</b><br>a.m. _____ p.m. _____<br>Month, Day, Year <b>5-5-1961</b>  |  |   |  |
| 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b>   | 20e. CITY, TOWN, OR LOCATION<br><b>Wardell</b>   | COUNTY<br><b>Pemiscot</b>   | STATE<br><b>Missouri</b>   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE<br><i>Jimmy Osburn</i> (Degree or title)<br><b>Coroner</b>   |  | 22b. ADDRESS<br><b>Wardell, Mo.</b>   | 22c. DATE SIGNED<br><b>5-5-61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>5-7-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Rowe Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Wardell, Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>Osburn Funeral Home, Wardell, Mo.</b>  | ADDRESS  | 25. DATE RECD. BY LOCAL REG.<br><b>5-6-61</b>   | 26. REGISTRAR'S SIGNATURE<br><i>Charlotte E. Osburn</i>  |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 James G. Padum

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.