

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016939

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 68

AMENDED

FILED MAY 31 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		c. CITY OR TOWN <u>Boonville</u>	
Length of stay in 1b <u>66 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>902 E. Morgan</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>PETER</u> Last <u>TRESTER</u>			4. DATE OF DEATH Month <u>May</u> Day <u>25</u> Year <u>1961</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>12/10/94</u>
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>int. decorating</u>	
11. BIRTHPLACE (City and state or country) <u>Boonville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Peter Trestler</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Thomas</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary North</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I.</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT <u>Mrs John P. Trestler</u>		Address <u>Boonville, 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 gunshot wound to head</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
DUE TO (b) _____			
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
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>Gunshot</u>	
20c. TIME OF INJURY Hour <u>9:30</u> a.m. Month, Day, Year <u>5/25/61</u>			
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.) <u>at a home</u>	
20f. CITY, TOWN, OR LOCATION <u>Boonville</u>		COUNTY <u>Cooper Co</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>May 25, 1961</u> to <u>May 25-61</u> and last saw her/him alive on <u>May 25, 1961</u> Death occurred at <u>11:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Date or title) <u>William G. Abel, MD</u>		22b. ADDRESS <u>329 Main St., Boonville, Mo</u>	
22c. DATE SIGNED <u>5-26-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5/27/61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Boonville, Mo.</u>	
24. FUNERAL DIRECTOR <u>B. W. Thacher</u>		25. DATE RECD. BY LOCAL REG. <u>5-26-61</u>	
ADDRESS <u>Boonville, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>W. G. Hooper</u>	

JUN 1 1961 NNC

JUN 2 1961 NNC

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

Berry D. Tucker

Licensed Embalmer No.

3944

P. O. Address

Boonville

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.