

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041628

STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 5677 Registrar's No. 32

FILED NOV 17 1961

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>WHITESIDE</u>		Length of stay in lb <u>LIFE</u>	c. CITY OR TOWN <u>WHITESIDE</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>RESIDENCE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES WILLIAM HENRY</u>			4. DATE OF DEATH Month Day Year <u>Nov 4, 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>AUG 20, 1883</u>	9. AGE (last birthday) <u>- 78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (City and state or country) <u>SILEX, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JOHN PORTER HENRY</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA HENRY</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGIA HENRY</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT <u>RAYMOND HENRY, SILEX Mo</u> Address
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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>Gun Shot wound of Cervical spine & Neck.</u>	INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b)	<u>Severed Carotid artery, Self-Inflicted</u>	
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.
 Yes No 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>Subject placed muzzle of .410 Ga. shotgun</u>
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20c. TIME OF INJURY
Hour Month, Day, Year
in mouth and pulled trigger.

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>RESIDENCE</u>	20f. CITY, TOWN, OR LOCATION <u>Whiteside, Missouri</u>	COUNTY	STATE
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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.

21. SIGNATURE (Degree or title) <u>Joseph J. Marsh</u> CORONER	22b. ADDRESS <u>TROY, MISSOURI.</u>	22c. DATE SIGNED <u>11/5/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov 6, 1961</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>CORNERSTONE LINCOLN Co., Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Lincoln Co., Mo.</u>
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24. FUNERAL DIRECTOR <u>Geo. M. Collier, Louisiana</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 10, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kintzy</u>
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DATE AWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

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 Geo. M. Collier
Licensed Embalmer No. 3839
P. O. Address Louisiana

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.