MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021726

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6230 Registrar's No. 106

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1/10 90
2/10 90
3
4 0
5 1
6
7 0
8 2
9 976X
10
11
12 90-3
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED JUN 12 1962

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Metz
Length of stay in 1b: 41 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At home
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN: Metz
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Box 45
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First THOMAS Middle ROBERT Last NATION

4. DATE OF DEATH: Month June Day 3 Year 1962

5. SEX: M
6. COLOR OR RACE: Wh
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 4-1-1898
9. AGE (last birthday): 64
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): Mo. Pac. R. R.
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Bayfield, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Solomon Nation#
13b. MOTHER'S MAIDEN NAME: Martha Jane Gillette
14. NAME OF HUSBAND OR WIFE: Maude Nation

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Maude Nation, Address: Metz, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): self inflicted gunshot wound of head — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 22 Cal. bullet entered head above right ear
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
had been despondent for some time over condition of health

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): shot self in bedroom of home

20c. TIME OF INJURY: Hour 8:00 a.m. p.m. Month, Day, Year June 3, 1962

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 never to never and ~~last~~ saw ~~him~~ him alive on June 3, 1962
Death occurred at 8:00 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. Hughes Ferry (Degree or title): Coroner
22b. ADDRESS: Nevada, Missouri
22c. DATE SIGNED: 6-7-1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 6, 1962
23c. NAME OF CEMETERY OR CREMATORY: Pryor Creek Cemetery
23d. LOCATION (City, town, or county): Metz (State): Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 6-7-1962
26. REGISTRAR'S SIGNATURE: Anna E Ferry

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Ray E. Ireland

Signature of Student Embalmer

Licensed Embalmer No. 5052

P. O. Address Neosho, 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.

JUN 13 1962