

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-023681

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 338

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 10 1962

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 24 hours
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Elms Motel 7th Range Line Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Kansas b. COUNTY Johnson
 c. CITY OR TOWN Prairie Village, Kan Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4637 West 70th Street Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
John E Wayne June 30 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/8/1922 9. AGE (last birthday) 39 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager 10b. KIND OF BUSINESS OR INDUSTRY McGraw Edison Co. 11. BIRTHPLACE (City and state or country) Highland Park, Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Fredrick Schober Wayne 13b. MOTHER'S MAIDEN NAME Mabel Evelyn Lundin 14. NAME OF HUSBAND OR WIFE Mrs. Frances Wayne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW 2 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT Address Mrs. Frances Wayne Prairie Village, Kan.

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Gunshot wound at 6th rib 1" left of middle line INTERVAL BETWEEN ONSET AND DEATH 5 minutes
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Shot self in Chest
 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 NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot self with 22 caliber Ruger Pistol

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 2 p.m. 6 29 62

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.) 628 Range Line 20f. CITY, TOWN, OR LOCATION COUNTY STATE Joplin Jasper Missouri

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thendell Fisher D.S. CORONER 22b. ADDRESS 508 FRISCO BLDG. JOPLIN 22c. DATE SIGNED 6-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE July 3, 1962 23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons 23d. LOCATION (City, town, or county) (State) Kansas City, Mo

24. FUNERAL DIRECTOR ADDRESS Hurlbut-Glover Mortuary, Joplin, Mo. 25. DATE RECD. BY LOCAL REG. 7-3-1962 26. REGISTRAR'S SIGNATURE Dove Merriman

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUL 10 1962

JUL 12 1962

JUL 18 1962

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 George L. Mix

Licensed Embalmer No. 5175

P. O. Address Joplin 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.