

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039315

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 171 Primary Registration District No. 4265 Registrar's No. 34

FILED OCT 30 1962

VS 300  
Rev. 4/59

6540  
20540

3

4 0

5 0

6

7 0

8 2

9 976X

10:

11:

12 90-0

13 1-0

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Napoleon</u>   |  | Length of stay in 1b<br><u>life</u>   | c. CITY OR TOWN <u>Napoleon</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Napoleon</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Napoleon</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>            |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Thomas</u> Middle <u>L.</u> Last <u>Mansell</u>   |  | 4. DATE OF DEATH<br>Month <u>October</u> Day <u>22</u> Year <u>1962</u>   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7/29/75</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Barber</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Retired Barber</u>  | 9. AGE (last birthday)<br><u>87</u><br>IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u><br>IF UNDER 24 HR: Hours <u>  </u> Min. <u>  </u>                            |
| 11a. BIRTHPLACE (City and state or country)<br><u>Napoleon, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Samuel Mansell</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>LeWella Nading</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>None</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                       |  |
| 16. SOCIAL SECURITY NO.<br><u>None</u>  |  | 17. INFORMANT<br><u>Mrs. Effa Rackers</u> Address <u>5917 Elmwood K.C. Mo.</u>  |  |
| 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) <u>Suicide, Remover shot through his heart 38 special</u><br>DUE TO (b) <u>  </u><br>DUE TO (c) <u>  </u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Age 87. Ill health</u>  |  |   | 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 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.)<br><u>Gunshot self inflicted.</u>                              |  |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u><br>Month, Day, Year <u>Oct 22-62</u>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/><br>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Exact time of death not established</u> |   |  |
| 20f. CITY, TOWN, OR LOCATION<br><u>Napoleon Lafayette Mo</u>  |  | 20g. COUNTY<br><u>Mo</u>  |  |
| 21. I attended the deceased from <u>after death</u> to <u>  </u> and last saw him alive on <u>never</u><br>Death occurred at <u>  </u> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |
| 22a. SIGNATURE<br><u>W. Martin MD</u> (Degree or title)   |  | 22b. ADDRESS<br><u>O'Leary Mo</u>   |  |
| 22c. DATE SIGNED<br><u>10-22-62</u>   |  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  |
| 23b. DATE<br><u>10/23/62</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Wellington City</u>  |  |
| 23d. LOCATION (City, town, or county)<br><u>Wellington, Missouri</u>  |  | 23e. STATE<br><u>Mo</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>J. C. Sheppard Wellington, Mo.</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>10/27/1962</u>   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Emma Davidson</u>   |  |   |  |

**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 J. Clair Stuppard

Licensed Embalmer No. 4179

P. O. Address Wilmington, N.C.

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.