

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042305

STATE FILE NUMBER

Registration District No. 126 Primary Registration District No. 200 Registrar's No. 1696

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

6397

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DATE AMENDED

12/3/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Scammon, & Kansas

DOCUMENT

ITEM NO. SHOULD READ

11, 12 Kansas, & USA

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

<p><b>1. FILED NOV 21 1962</b></p> <p>a. COUNTY <b>Greene</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b> Length of stay in lb <b>15 years</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b></p> <p>c. CITY OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>709 S. Ferguson</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p><b>3. NAME OF DECEASED</b> (Type or print) First <b>LEWIS</b> Middle <b>M.</b> Last <b>SA PLATA</b></p>		<p><b>4. DATE OF DEATH</b> Month <b>November</b> Day <b>14</b> Year <b>1962</b></p>	
<p><b>5. SEX</b> <b>Male</b></p>	<p><b>6. COLOR OR RACE</b> <b>White</b></p>	<p><b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <b>April 10, 1906</b></p>
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Vending Machine Operator</b></p>		<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Vending Machine</b></p>	<p><b>11. BIRTHPLACE</b> (City and state or country) <b>Scammon, Kansas</b></p>
<p><b>13a. FATHER'S NAME</b> <b>Lewis Sa Plata</b></p>		<p><b>13b. MOTHER'S MAIDEN NAME</b> <b>Louise</b></p>	<p><b>14. NAME OF HUSBAND OR WIFE</b> <b>Sylvia I. Elizabeth SaPlata</b></p>
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b></p>		<p><b>17. INFORMANT</b> <b>Sylvia I. Elizabeth Sa Plata</b> Address <b>Springfield, Mo.</b></p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Sun shot wound of head</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Depressive Reaction June 1962</b></p>			<p>INTERVAL BETWEEN ONSET AND DEATH <b>2-3 hrs.</b></p>
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input checked="" type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>	<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b>Apparent self inflicted gun shot wound of mid-forehead.</b></p>	
<p><b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	
<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b></p>		<p><b>20f. CITY, TOWN, OR LOCATION</b> <b>Springfield</b></p>	<p>COUNTY <b>Greene</b> STATE <b>Mo</b></p>
<p><b>21. I attended the deceased from</b> <b>Noon 14 Nov 62</b> to <b>2 Pm, 11-14-62</b> and last saw him alive on <b>14 Nov 62</b></p> <p>Death occurred at <b>2 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p><b>22a. SIGNATURE</b> <b>J H Allen M D</b> (Degree or title)</p>		<p><b>22b. ADDRESS</b> <b>Springfield, Mo.</b></p>	<p><b>22c. DATE SIGNED</b> <b>11-16-62</b></p>
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b></p>	<p><b>23b. DATE</b> <b>Nov. 16, 1962</b></p>	<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>King</b></p>	<p><b>23d. LOCATION</b> (City, town, or county) (State) <b>Jenkins, Missouri</b></p>
<p><b>24. FUNERAL DIRECTOR</b> <b>Gorman-Scharpf Funeral Home, Inc</b> <b>Springfield, Missouri</b></p>		<p><b>25. DATE RECD. BY LOCAL REG.</b> <b>11-20-62</b></p>	<p><b>26. REGISTRAR'S SIGNATURE</b> <b>Effie S. Meltzer</b></p>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 27 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 Louis D. Schepf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.

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