MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048042

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 100

FILED DEC 26 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0910
2 09102
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4 0
5 1
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7 1
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9 976X
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12 90-3
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Doniphan
Length of stay in 1b: 58 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Ripley
c. CITY OR TOWN: Doniphan
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Earl Middle: Kane Last:
4. DATE OF DEATH Month Day Year: December 6, 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/4/1884
9. AGE (last birthday): 78
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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Walpole, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John C. Kane
13b. MOTHER'S MAIDEN NAME: Louisa Bashila
14. NAME OF HUSBAND OR WIFE: Lora Kane
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 Lora Kane Address: Doniphan, Mo.

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 GUN-SHOT WOUND. (SINGLE-SHOT BOLT ACTION RIFLE).
DUE TO (b) 22 CAL. RIFLE BULLET PENETRATED THORACIC CAVITY IN REGION OF LEFT VENTRICLE OF HEART EMERGING THROUGH ABDOMINAL CAVITY
DUE TO (c) NEAR UPPER PART OF LEFT KIDNEY.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE.
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.) GUN WAS PROBABLY HELD BY BARREL AT ARMS LENGTH AND DISCHARGED BY OTHER HAND. (GLOVES HAD BEEN REMOVED).
20c. TIME OF INJURY Hour a.m. p.m.: 9:30 Month, Day, Year: 12/6/62
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.): IN BARN AT HOME.
20f. CITY, TOWN, OR LOCATION: DONIPHAN COUNTY: Ripley STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at APPROX. 9:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray Means; Coroner
22b. ADDRESS: 606 WALNUT STREET DONIPHAN, Missouri.
22c. DATE SIGNED: 12/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/10/62
23c. NAME OF CEMETERY OR CREMATORY: Center Hill Cemetery
23d. LOCATION (City, town, or county) (State): Ripley County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Edwards Funeral Home, Doniphan, Mo.
25. DATE RECD. BY LOCAL REG.: 12-10-62
26. REGISTRAR'S SIGNATURE: Flava Broz.

(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 Jack L. Cunningham, Student Embalmer No. 676 working under my personal supervision.

Student Jack L Cunningham
Signature of Student Embalmer

Signed Gene H Parrent

Licensed Embalmer No. 4809

P. O. Address Naylor, 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.