

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

7641

Registration District No. 653

Primary Registration District No. 5871

Registrar's No. 7

## 1. PLACE OF DEATH:

(a) County Pemiscot  
 (b) City or town Braggodocio Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location) W  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days ✓

3. (a) PRINT FULL NAME Charley Shurley 1240

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Sophia Shurley 6. (c) Age of husband or wife if alive 33 years7. Birth date of deceased 4 (Month) 9 (Day) 1911 (Year)8. AGE: Years 28 Months 9 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Dallas, Texas (City, town, or county) (State or foreign country)10. Usual occupation Selling Merchandise 111. Industry or business Store12. Name J. C. Shurley 113. Birthplace Arkansas (City, town, or county) (State or foreign country)14. Maiden name Dora Brankleaf15. Birthplace Okla. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Byrd Melton(b) Address 13 Alameda Ark17. (a) Burial (b) Date thereof 1-23-40 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Still mo18. (a) Signature of funeral director Halt Funeral Home(b) Address Still mo19. (a) 1/21/40 (b) Pearl Kelley (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
Braggodocio  
 (c) City or town Hayti Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21  
year 1940 hour 10:10 am minute 10 a. M.21. I hereby certify that I attended the deceased from Jan 20 1940  
\_\_\_\_\_, 19\_\_\_\_, to Jan 31, 19\_\_\_\_  
that I last saw him alive on Jan 27, 19\_\_\_\_  
and that death occurred on the date and hour stated above.Immediate cause of death Gun shot  
wound Rt temporal  
region multiple skull  
Due to fracture

Due to \_\_\_\_\_

Other conditions 1121  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide(b) Date of occurrence Jan 20 1940(c) Where did injury occur? Business store Hayti Ark  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
(Specify type of place)While at work? no (e) Means of injury Linear23. Signature Hugh L. Stanton (M. D. or other) 34Address Hayti mo Date signed 1/21/40

Duration

16 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

7-2-40

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**