

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18362A

BIRTH NO. _____		REG. DIST. NO. <u>275</u>	PRIMARY REG. DIST. NO. <u>5941</u>	Registrar's No. <u>117</u>
1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Miller twp.		c. LENGTH OF STAY (in this place) 2 yrs.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2 Rolla		d. STREET ADDRESS (If rural, give location) Route 2 Rolla		
3. NAME OF DECEASED (Type or Print) a. (First) PERRY		b. (Middle) N.		c. (Last) DABLEMONT
4. DATE OF DEATH (Month) (Day) (Year) May 28, 1949		5. SEX Male		
6. COLOR OR RACE Wh.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 29, 1890
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Ralph, Mo.
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Victor Dablemont		13b. MOTHER'S MAIDEN NAME Izora Mallery		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1913 to 1920		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME G. A. Dablemont
17. ADDRESS Rt. 2 Rolla, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Possible suicide by gunshot wound, Mental illness.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Disappeared May 28, 1947 leaving notes regarding disposal of property. Remains found Sept. 13, 1949. 12 gauge shotgun with discharged shell by side. Positive evidence of identification.		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm forest		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Rolla Phelps Mo.,
21d. TIME OF INJURY May 28 1947 ???		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? All evidence point to suicide by use of shotgun
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead <u>Sept. 13, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE S. B. Null		23b. ADDRESS 508 West 8th St., Rolla		23c. DATE SIGNED 9/14/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 17, 1949		24c. NAME OF CEMETERY OR CREMATORY Roach Cemetery
24d. LOCATION (City, town, or county) (State) Phelps Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		
DATE REC'D BY LOCAL REG. 9-17-49		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. ADDRESS Rolla, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 3 1950

RECEIVED

Phelps County Health Officer,
County, File Number _____

Date Filed 9-21-49

OCT 1 1949

1949

OCT 3 1949
AUG 22 1950

No of

Embalmed

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 _____
Student Embalmer

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, fact should be so stated above.