No. 300
10.48

FILED OCT 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33068

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1070

11
5

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 23 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1416 Bellevue St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 323 West Rosine St

3. NAME OF DECEASED (Type or Print)
a. (First) Billie D. McGauhey
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): 10-1-1949

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12-6-1925
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Army Air Corp
10b. KIND OF BUSINESS OR INDUSTRY: 180 Bombardment
11. BIRTHPLACE (State or foreign country): St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: L. D. McGauhey
13b. MOTHER'S MAIDEN NAME: Lola Bogard
14. NAME OF HUSBAND OR WIFE: Dolores McGauhey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.#2
16. SOCIAL SECURITY NO.: 499-16-4164
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Lola ~~M.~~ Coyle, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot wound through the

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) left Chest
DUE TO (c) Man Shot himself with a 30-M1. Caliber Carbine rifle

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Causing instant death.

INTERVAL BETWEEN ONSET AND DEATH: 1 day. 8.97 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (Inj. in or about home, farm, factory, street, office bldg., etc.): In driveway of home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Joseph Buchanan Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 1 1949 7:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self inflicted gun shot wound

22. *I hereby certify that I ~~attended~~ visited the deceased from* on 10/1, 1949, to _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H F Mundy M.D. Coroner
23b. ADDRESS: St Joseph, Mo.
23c. DATE SIGNED: 10/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-4-49
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) (State): St., Joseph, Mo.

DATE REC'D BY LOCAL REG.: Oct 11, 1949
REGISTRAR'S SIGNATURE: E. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: BARRY FUNERAL HOME, St. JOSEPH, MO.

(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 _____ Student Embalmer No. _____, working under my personal supervision.

Student ..... Student Embalmer

Signed Victor Bailey

Licensed Embalmer No. 4212

P. O. Address St Joseph 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Buchanan

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 33647
Local Registrar's No. 1070

On this 15th day of February, 1950, before me appears H.F. Mundy, M.D., Coroner, who, upon his oath, states that the original record of death for Billie D. McGaughey, died Oct 1, 1949, 19..., in the State of Missouri, and which was filed at St. Joseph, Mo. on 10/11/49, should be corrected as follows:

Item No. ... should read ...
Instead of ...

Item No. 21b should read driveway at 1416 Bellevue St.
Instead of Driveway of home

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant H F Mundy M D (Coroner)
Relationship.

St Joseph Mo. 404 So 3d st
Present Address.

Subscribed and sworn to before me this 15th day of February, 1950.

My Commission expires August 11-1951 Eudora France Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—4-43
MI X36667

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Buchanan

State File No. 33869

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1070

On this 10 day of July, 1956, before me appears Lola B. Coyle, who, upon her oath, states that the original record of ~~birth~~ death for Billie D. McGaukey, ~~born~~ died October 1, 1949, in the State of Missouri, and which was filed at St. Joseph on Oct. 11, 1949, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. 17 should read Lola B. Coyle

Instead of Lola M. Coyle

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lola B. Coyle Mother
Relationship.

409 E. Highland Ave.
Present Address.

Subscribed and sworn to before me this 10 day of July, 1956.

My Commission expires Nov 3, 1956 Amy P. Balmat Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 460