

FILED NOV 4 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) New Madrid		c. CITY (If outside corporate limits, write RURAL and give township) New Madrid, Mo.	
c. LENGTH OF STAY (In this place) 35 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION No.			

3. NAME OF DECEASED (Type or Print) Charles	a. (First)	Walther	b. (Middle)	Claude	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct 27 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11 1892	9. AGE (In years last birthday) Months Days Hours Min. 57
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Paola, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME S. L. Bates	13b. MOTHER'S MAIDEN NAME Mary Vaughn	14. NAME OF HUSBAND OR WIFE Myra Bates
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Myra Bates	ADDRESS New Madrid, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shot in head with a</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>410 Shot gun. By himself.</i> DUE TO (c) <i>Suicide</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		F970?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid, New Madrid, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct, 27, 49	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard Jones</i>	(Degree or title) Coroner	23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED Oct 28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct, 28, 49	24c. NAME OF CEMETERY OR CREMATORY Evergreen	24d. LOCATION (City, town, or county) (State) New Madrid, Mo.
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DATE REC'D BY LOCAL REG. 10/30/49	REGISTRAR'S SIGNATURE <i>Helene Louise Jones</i>	25. FUNERAL DIRECTOR'S SIGNATURE Richards Undertaking Co.	ADDRESS New Madrid
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 31

RECEIVED

District Health Office

District File Number 1049

Date Filed

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.

Signed *L. S. Hodgson*

Signed Student Embalmer

Licensed Embalmer No. 3803

P. O. Address *New Madrid, 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.