

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39958
State File No.

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 31

107
0
20

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

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tx</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sherrell twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Sherrell</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>7-Mi. SE. of Licking Tx</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>-</u> c. (Last) <u>Czebely</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 3, 1949</u>		
---	--	--	---	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED; WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 5, 1914</u>	9. AGE (In years) (If under 1 year: Months) (If under 1 year: Days) (If under 1 year: Hours) (If under 1 year: Min.) <u>35</u>	
-----------------	---------------------------	--	--------------------------------------	--	--

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	--	---

13a. FATHER'S NAME <u>Joseph Czebely</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Kerstory</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
--	--	---	--	--------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>486-24-2410</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Czebely</u> ADDRESS <u>Licking Tx</u>		
---	--	--	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) <u>Shot self in forehead with 12 Gauge shot gun</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ESM6X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sherrell Twp Texas MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

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 6 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Seymour V. Elliott</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Cabool MO</u>	23c. DATE SIGNED <u>Nov 3, 1949</u>
---	-------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pattersons</u>	24d. LOCATION (City, town, or county) (State) <u>Dent. Co. MO</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Nov 11, 1949</u>	REGISTRAR'S SIGNATURE <u>E. Moore</u>	324	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u> ADDRESS <u>Licking Tx</u>
--	---------------------------------------	-----	--

NOV 21 1949

APR 12 1950

Received
11-15
9:00

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 _____

Robert E. Ferguson

Signed _____

Student Embalmer

Licensed Embalmer No. _____

1894

P. O. Address _____

Michigan No

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.