

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40638

State File No. _____

FILED DEC 22 1949

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5310 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamine Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamine</u>	
c. LENGTH OF STAY (In this place) <u>5 Years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Lamine, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>W</u>	c. (Last) <u>Self</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 4" 1949</u>
-------------------------------------	--------------------------	----------------------	-----------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 13" 1921</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R.R.Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	--

13a. FATHER'S NAME <u>Robert Lee Self</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Stewart</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Stoney Self</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. <u>712-12-6369</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Self</u>	ADDRESS <u>Lamine, Mo.</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 wound brain</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u> <u>8 9 190</u> <u>19</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accident</u>		
	DUE TO (c) <u>Hunting</u>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

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>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lamine Twp Cooper Mo</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 4-49 10:00 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hunting Accident</u>
--	---	--

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 (Degree or title) <u>M. DeGraeger M.D.</u>	23b. ADDRESS <u>Boonville Mo</u>	23c. DATE SIGNED <u>12/5/49</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>December 6" 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peninsula</u>	24d. LOCATION (City, town, or county) (State) <u>Cooper County, Missouri.</u>
---	-----------------------------------	---	---

DATE REC'D BY LOCAL REG <u>Dec 5-1949</u>	REGISTRAR'S SIGNATURE <u>DeHooper 381</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller,</u>	ADDRESS <u>Boonville, Missouri.</u>
---	---	---	-------------------------------------

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

RECEIVED

DEC 12

District Health Officer No. 8

District File Number

Date Filed 12-20-49

DEC 23 1949

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 Walter E. Moyer

Licensed Embalmer No. 4491

P. O. Address Boonville, 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.