

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33026**
 Registrar's No. **242**

0264

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

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 242	
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MORGAN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BARNETT 0710			d. STREET ADDRESS (If rural, give location) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) EDNA		b. (Middle) ETHEL		c. (Last) CALTON		4. DATE OF DEATH (Month) (Day) (Year) OCT. 29 1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE (1)	8. DATE OF BIRTH JAN. 29, 1922		9. AGE (In years last birthday) 28	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) Housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) CAMDEN, Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Calton			13b. MOTHER'S MAIDEN NAME HATTIE McCASLAND			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John E. Calton - Barnett, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage & Shock					INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gun shot wound DUE TO (c) mental depression					5-9-76 X
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unknown.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE 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) Barnett Morgan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 29 30 3 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted, 22 cal rifle.			
22. I hereby certify that I attended the deceased from Death, taken on mine, 19 , that I last saw the deceased alive on 19 , and that death occurred at 7:12 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE J. Leslie M.D. Coroner					23b. ADDRESS Jeff. City Mo		23c. DATE SIGNED 10-29-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 4, 1950	24c. NAME OF CEMETERY OR CREMATORY VERSAILLES		24d. LOCATION (City, town, or county) (State) VERSAILLES MO.		
DATE REC'D BY LOCAL REG. Oct 31-1950		REGISTRAR'S SIGNATURE R.P. Norris MD - 2108		25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips			
ADDRESS Barnett							

RECEIVED 11-4-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-4-50

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 _____

Louis D. Higgins

Student Embalmer _____

Licensed Embalmer No. 3663

P. O. Address Eden

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.