

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12227

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 2237 N. Missouri	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2557 N. Campbell			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Lee c. (Last) Daly			4. DATE OF DEATH (Month) (Day) (Year) April 9 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11 1911	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mac.		10b. KIND OF BUSINESS OR INDUSTRY Auto Shop		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Daly		13b. MOTHER'S MAIDEN NAME Maude Gearheardt		14. NAME OF HUSBAND OR WIFE Lillian Daly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW2		16. SOCIAL SECURITY NO. 491-05-3766		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Daly ADDRESS Springfield	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in head			INTERVAL BETWEEN ONSET AND DEATH Approx. 30 min.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 2557 N. Campbell		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield, Greene, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/9/51 7:30 Am.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gunshot wound	

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 **7:30a m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS 407 Medical Arts Bldg.,		23c. DATE SIGNED 4/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-11-51		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. Springfield ADDRESS _____			
DATE REC'D BY LOCAL REG. 4-11-51		REGISTRAR'S SIGNATURE <i>[Signature]</i>			

(Licensee/Embalmer's Statement on Reverse Side)

DR. PICKENS
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396

MAY 1 1957

APR 26 1957

APR 17 1957

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Spring Hill

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.