No. 300
10-48

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44304

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4557 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pomona Mo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓ ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains 0460
d. STREET ADDRESS (If rural, give location) Lebo Rt 0

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) Francis c. (Last) Kaelling

4. DATE OF DEATH (Month) (Day) (Year) 12- 12- 1951

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 3/13-1904
9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months 8 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓ ✓
11. BIRTHPLACE (State or foreign country) Oregon Co. Mo 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME G. A. Kaelling
13b. MOTHER'S MAIDEN NAME Florence Sharp
14. NAME OF HUSBAND OR WIFE Beulah R. Kaelling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 566-09-6824
17. INFORMANT'S SIGNATURE OR NAME Mrs G A Kaelling ADDRESS West Plains 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound of Head (Self Inflicted)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH: Immediate

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 E976X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (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) Pomona-R.R.#2 046 Howell Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-12-1951 9 20 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? SHOT HIMSELF in head with 38 Cal S+W Revolver

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 9:15 a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert Dunn R.M.D. Coroner
23b. ADDRESS Howell Co West Plains, Mo.
23c. DATE SIGNED 17-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Bz
24b. DATE 12/15-51
24c. NAME OF CEMETERY OR CREMATORY Mint Sprg
24d. LOCATION (City, town, or county) (State) Lanton Mo

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE X 38
25. FUNERAL DIRECTOR'S SIGNATURE Robertson's ADDRESS West Plains Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1952

JAN 12 1952

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 A. D. Roberts

Licensed Embalmer No. 3437

P. O. Address West Point

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.