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

MAR 17 1952

STANDARD CERTIFICATE OF DEATH

7267
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5052</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Roaring River</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Roaring River twp.</u>		0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. N. Of Eagle Rock</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. N. of Eagle Rock</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lola</u>		b. (Middle)		c. (Last) <u>Choate</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 29, 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 26, 1899</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Strickler, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Franklin D. Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Cechrist</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas I. Choate</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas I. Choate, Eagle Rock, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound left breast entering left lung (entrance bleeding + shock)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>45 min.</u>	
		. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
				DUE TO (c) <u>E976X</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>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>Roaring River Twp. Barry Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 29, 1952 11 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted Gun shot - 450 shot gun</u>			
22. I hereby certify that I attended the deceased from <u>on Feb. 29, 1952</u> , to <u>19</u> , that I last saw the deceased <u>die on Feb. 29, 1952</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul D. Heubert, coroner</u>				23b. ADDRESS <u>Cassville, Mo.</u>		23c. DATE SIGNED <u>3-10-1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/5/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mano Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-10-1952</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		10-1 <u>W.C. Noon, Cassville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

JUN 1 1953

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.