

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44216

No. 300
10.48
JAN 2 1953

State File No. _____
Registrar's No. 236

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 236		
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON - 1043</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>108 W. NORTH ST</u>				d. STREET ADDRESS (If rural, give location) <u>108 W. NORTH ST</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDE</u> b. (Middle) <u>TEMPLE</u> c. (Last) <u>OLD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-1952</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>7-4-90</u>		
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>VETERINARIAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Veterinary</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Commerce Mo. U</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>HA Gus Old</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Anderson</u>			14. NAME OF HUSBAND OR WIFE <u>VIRGINIA CARTER OLD</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Shad Old Sikeston Mo</u>				
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) <u>Gun Shot Wound in Head</u>				INTERVAL BETWEEN ONSET AND DEATH				
ANTECEDENT CAUSES <u>Self inflicted</u>								
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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. <u>E976X</u>								
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>Sikeston Scott Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 17 52</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</u>				
22. I hereby certify that I attended the deceased from <u>First</u> , 19 <u>52</u> , until 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 <u>Claude P. Corcoran</u> (Degree or title)				23b. ADDRESS <u>Sikeston Mo.</u>		23c. DATE SIGNED <u>17/19/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON, MO</u>		
DATE REC'D BY LOCAL REG. <u>12-22-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter 429</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Welch Funeral Home Sikeston Mo</u>				

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

RECEIVED DEC 29 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1252-343

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Interton 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.