

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1955

State File No. 33779

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 415

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
c. LENGTH OF STAY (In this place) YRS		d. STREET ADDRESS (If rural, give location) 632 PEARL STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 632 PEARL STREET			

3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE b. (Middle) LOGAN c. (Last) WINDLE			4. DATE OF DEATH (Month) (Day) (Year) OCT. 10, 1955			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 3, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 60 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED USED CAR DEALER		10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE		11. BIRTHPLACE (State or foreign country) ROCKVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME THOMAS WINDLE	13b. MOTHER'S MAIDEN NAME MINNIE PATTERSON	14. NAME OF HUSBAND OR WIFE ESTHER WINDLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ESTHER WINDLE, 632 PEARL AVE.

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		INTERVAL BETWEEN ONSET AND DEATH Substantiated
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound head fatal		
	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. Mental depressive state		976X	

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 bldg., etc.) home in garage	21c. (CITY, TOWN, OR TOWNSHIP) JOPLIN (COUNTY) Jasper (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-10-55 12:00 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fired .38 cal. pistol to right side of skull + pulled trigger causing death

22. I hereby certify that I attended the deceased from _____ did not attend at the _____ hours _____ saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. E. ...</i>	23b. ADDRESS <i>... Jasper Mo</i>	23c. DATE SIGNED 10-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-13-55	24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 10-14-55	REGISTRAR'S SIGNATURE <i>Ed S. James</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 25-10-104
Date Filed OCT 24 1955

NOV 27 1955

NOV 28 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.