

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15503

1. 300
2. 48

FILED JUN 11 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barton</u> c. CITY OR TOWN <u>0060</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar 0</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Co. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Milford Township</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clarence</u>	b. (Middle) <u>Chancy</u>	c. (Last) <u>Deaver</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1956</u>
-------------------------------------	----------------------------	---------------------------	-------------------------	----------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 3 1896</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
--------------------	-------------------------------	-----------------------------------------------------------------------	------------------------------------	-------------------------------------------	-----------------------------------------	----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Humanville Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
-----------------------------------------------------------------------------------------------------------	---------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------

13a. FATHER'S NAME <u>John J. Deaver</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Wheat</u>	14. NAME OF HUSBAND OR WIFE <u>Chloe Deaver</u>
------------------------------------------	---------------------------------------------	-------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499 10 5156</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clarence Deaver</u> ADDRESS <u>Milford 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot self in forehead in right temple</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</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) _____		
	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 OR SUICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., In or about home, factory, post office, etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Barton Mo</u>
---------------------------------------------------	------------------------------------------------------------------------------------------	------------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot self with 22-Rifle</u>
-------------------------------------------------------	--------------------------------------------------------------------------------------------------------	-----------------------------------------------------------

22. I hereby certify that I attended the deceased from _____, 1956, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence & Chloe</u> (Degree or title) _____	23b. ADDRESS <u>Corner 3rd & Lamar Mo</u>	23c. DATE SIGNED <u>June 4 56</u>
--------------------------------------------------------------------	-----------------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 5 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Humanville</u>	24d. LOCATION (City, town, or county) (State) <u>Humanville Mo.</u>
---------------------------------------------------------	----------------------------	------------------------------------------------------	---------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>JUN 4 - 1956</u>	REGISTRAR'S SIGNATURE <u>Marie Komantz</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>St. Bernard Barry</u> ADDRESS <u>5 Helder Mo</u>
----------------------------------------------	--------------------------------------------	-------------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

14-0

JUN 22 1956

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.....
Signature of Student Embalmer

Signed *J. Bernard Berry*.....

Licensed Embalmer No...*416*

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.