

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5474**  
REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4306** Registrar's No. **17**

FILED MAR 11 1957

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

1. PLACE OF DEATH a. COUNTY <b>Mc Donald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and location). a. STATE <b>Mo.</b> b. COUNTY <b>Mc Donald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Goodman</b>		c. CITY OR TOWN <b>Goodman</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>days</b>		e. STREET ADDRESS (If rural, give location) <b>City</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Frank</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Templeton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-10-57</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 5, 1880</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work or during part of working life or if retired) <b>Oil Co. Employee</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kans. State</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>James Templeton</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Young</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Templeton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ida Templeton Goodman</b>	ADDRESS <b>Mo. Goodman</b>
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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  <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun Shot Wound In Head</b>		
	ANTECEDENT CAUSES 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"/>
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21a. ACCIDENT (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>976.X</b>
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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?
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. M. Humphrey, J. Coroner</b>	(Degree or title)	23b. ADDRESS <b>Noel Mo.</b>	23c. DATE SIGNED <b>2-11-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-12-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anderson Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Anderson Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-12-57</b>	REGISTRAR'S SIGNATURE <b>Wayne Humphrey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. M. Humphrey, J.</b>	ADDRESS <b>Noel Mo.</b>
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**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 *F. M. Humphrey Jr.*.....

Licensed Embalmer No. *470*.....

P. O. Address *Noel M*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.