

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16887

STATE FILE NUMBER

FILED JUN 3 1957

Registration District No. 139

Primary Registration District No. 4225

Registrar's No. 39

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Holt			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oregon, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN De Soto (Rural) 615		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb Few minutes	d. STREET ADDRESS 1 1/2 miles Southwest		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Guy Russell Book			4. DATE OF DEATH Month Day Year May 25, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/26/27	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heavy Equipment Opr.		10b. KIND OF BUSINESS OR INDUSTRY Ordinance Plant	11. BIRTHPLACE (City and state or country) Forest City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Book			14. MOTHER'S MAIDEN NAME Hazel Ogden		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO. 495-26-2884	17. INFORMANT Address Mrs. Guy Book, Forest City, Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound of the head					INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 976 X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Deceased apparently had shot himself in the right temple with a 32 caliber revolver, the bullet lodging back of the left ear. The act occurred in deceased automobile parked on the street of Oregon, Missouri.				
20c. TIME OF INJURY Hour Month, Day, Year 10:00 p. m. 5-25-57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Automobile on street	20f. CITY, TOWN, OR LOCATION Oregon	COUNTY Holt	STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. H. Adams Acting Registrar			22b. ADDRESS Magistrate, Holt Co Oregon, Missouri		22c. DATE SIGNED 5/28/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/28/57	23c. NAME OF CEMETERY OR CREMATORY Benton Cemetery		23d. LOCATION (City, town, or county) (State) Mound City, Missouri	
24. FUNERAL DIRECTOR James H. Pettigrew		ADDRESS Oregon, Mo	25. DATE RECD. BY LOCAL REG. 5/31/1957	26. REGISTRAR'S SIGNATURE James H. Crawford	

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1957

JUN 11 1957

FEB 26 1958

JUN 24 1957

JUN 1 1957

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: *James H. Pettigrew*
Licensed Embalmer No. 319
P. O. Address *Oregon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.