

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010773
STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 226 Primary Registration District No. 4337 Registrar's No. 15

300
-57

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) Madison		c. CITY OR TOWN Madison	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXX		d. STREET ADDRESS (If outside, give location) Madison	
3. NAME OF DECEASED (Type or print) First Robert Davis Middle Smith Last		4. DATE OF DEATH Month 3 Day 5 Year 58	
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 checked="" type="checkbox"/>	8. DATE OF BIRTH 12/22/1922
9. AGE (In years last birthday) 35	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plumbing	10b. KIND OF BUSINESS OR INDUSTRY plumbing	11. BIRTHPLACE (City and state or country) Madison, Monroe Co Mo
10a. plumbing	10b. plumbing	11. Madison, Monroe Co Mo	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Robert Smith	13b. MOTHER'S MAIDEN NAME Mary Yoho	14. NAME OF HUSBAND OR WIFE Wilma Johnston Address Madison, Mo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes	16. SOCIAL SECURITY NO. 493-28-7310	17. INFORMANT Mrs Raym nd Yoho	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SELF INFLICTED GUNN SHOT WOUND IN HEAD 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) _____			INTERVAL BETWEEN ONSET AND DEATH Instant
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.) 976X		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at About 730 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Russell W. Wilson CORONER 3		22b. ADDRESS MONROE CITY, MO.	22c. DATE SIGNED 3/7/58
23a. BURIAL CREMATION, REMOVAL burial	23b. DATE 3/7/58	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill	23d. LOCATION (City, town, or county) (State) Madison/ Mo
24. FUNERAL DIRECTOR Fred A Thompson	ADDRESS Madison, Mo	25. DATE RECD. BY LOCAL REG. 3/10/58	26. REGISTRAR'S SIGNATURE Calvin Robertson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 4 1958
 MAR 19 1958

[Faint, mostly illegible text from the reverse side of the certificate is visible through the paper.]

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 *Mrs. Paul H. ...*
 Licensed Embalmer No. 2272
 P. O. Address *Muskegon, Mich.*

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.