

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020865

STATE FILE NUMBER

FILED JUN 17 1958 Registration District No. 32 Primary Registration District No. 5114 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexame Wayne</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Gipsy 0090</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi North of Gipsy</u>				Length of stay in lb Years? <u>?</u>		d. STREET / mi. <u>North of</u> ADDRESS <u>Gipsy, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Jonas</u> Middle <u>Franklin</u> Last <u>Senter</u>				4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1958</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 4, 1893</u>	
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		9. AGE (In years last birthday) <u>65</u>		11. BIRTHPLACE (City and state or country) <u>Madison County, Mo.</u>	
13. FATHER'S NAME <u>William Senter</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>				14. MOTHER'S MAIDEN NAME <u>un known</u>		17. INFORMANT Address <u>Mary Senter Gipsy, Mo</u>	
16. SOCIAL SECURITY NO. <u>un known</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia Acute Obstructive</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Obstruction (Hanging self with rope) self inflicted</u> 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 <u>strangulation</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input checked="" type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Person went into shed. Tied rope around neck - Found dead - Coroner notified</u>	
20c. TIME OF INJURY Hour <u>3:30</u> a. m. <u>pm</u> Month, Day, Year		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Bollinger</u> COUNTY <u>Mo.</u> STATE		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
21. I attended the deceased from <u>May 23-58</u> to <u>May 23-58</u> and last saw her <u>alive on</u> <u>May 23-58</u> <u>at</u> <u>her home</u> <u>at</u> <u>3:30 pm</u> <u>on</u> <u>the date stated above; and to the best of my knowledge, from the causes stated.</u>							22a. SIGNATURE (In full or title) <u>William J. Frests, M.D.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				23b. DATE <u>May 26, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Memorial</u>	
24. FUNERAL DIRECTOR <u>Shurtz, indus</u> ADDRESS <u>Lutesville Mo</u>				25. DATE RECD. BY LOCAL REG. <u>6/14/58</u>		23d. LOCATION (City, town, or county) (State) <u>Bollinger Co. Mo.</u>	
26. REGISTRAR'S SIGNATURE <u>Mo. Buford Crader</u>				22c. DATE SIGNED <u>6-4-58</u>			

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service

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1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Walter J. Ford, Student Embalmer No. 52
working under my personal supervision.

Student Walter J. Ford
Signature of Student Embalmer

Signed C. J. Lorberg
Licensed Embalmer No. 38
P. O. Address Cape Girardeau

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.