

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036946

STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before death) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon 65320
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 640 Main St.		Length of stay in 1b 2 Months	d. STREET ADDRESS (If outside, give location) 640 Main St.
3. NAME OF DECEASED (Type or print) First Middle Last PATRICIA BUILDERBACK			4. DATE OF DEATH Month Day Year Oct. 22, 1958
5. SEX Female	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 July 3, 1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and state or country) Red Oak, Iowa
13a. FATHER'S NAME Arthur M. Jones		13b. MOTHER'S MAIDEN NAME Mauda A. Berry	14. NAME OF HUSBAND OR WIFE Charles Builderback
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if so, specify branch, service, or dates of service) No		16. SOCIAL SECURITY NO. 505-16-5668	17. INFORMANT Mrs. Inez Hite, Lebanon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound in head.			INTERVAL BETWEEN ONSET AND DEATH 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			976X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) Self inflicted rifle wound through head.	
20c. TIME OF INJURY Hour Month, Day, Year 4:35 PM 10/22/58			
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.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Lebanon Laclede Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 4:45 P.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. R. Palmer, Jr. Coroner		22b. ADDRESS Lebanon Mo	22c. DATE SIGNED 10/25/58
23a. BURIAL, CREMATION, RECEPTION (Type or print) Burial	23b. DATE 10/25/58	23c. NAME OF CEMETERY OR CREMATORY Nebo Cemetery	23d. LOCATION (City, town, or county) (State) Laclede County Missouri
24. FUNERAL DIRECTOR J. R. Palmer, Jr. Lebanon, Mo. 10-25-1958		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Hella L. Gray

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

color, gender, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Date Filed NOV 3 1958

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 Stanley R. Palmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, ?

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.