

Health,
& Welfare
Public
Service
180

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039192
STATE FILE NUMBER

FILED DEC 12 1958 Registration District No. 5.8 Primary Registration District No. 4087 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CARTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL - CARTER TWP Inst. No. Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN VAN BUREN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TEEY TOWN - H. WAY 25th W. Van Buren Co Length of stay, in 1b 2 Hours		d. STREET ADDRESS (If outside, give location) VAN BUREN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle Kenneth Last Ousley			4. DATE OF DEATH Month Dec Day 6 Year 1958		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-30-1938	9. AGE (In years that birthday) 20	IF UNDER 1 YEAR Months 10 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CARTER County, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME CLAUDE D. Ousley		13b. MOTHER'S MAIDEN NAME Hulda A. Estes		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-40-5524		17. INFORMANT Hulda Ousley 2016 Blair St. Louis 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) Homicide by FIREARM		INTERVAL BETWEEN ONSET AND DEATH 10 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 22 CAL. Bullet Pierced HEART ENTERING LEFT CHEST, Piercing HEART + LEFT Lung		
DUE TO (c)		
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? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Ousley Shot by ANOTHER PERSON - NAMED in JURY	
20c. TIME OF INJURY Hour 9:00 Month 12 Day 6 Year 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.) VERNON RAINWATER -		20f. CITY, TOWN, OR LOCATION VAN BUREN COUNTY CARTER STATE MO	

21. I attended the deceased from D.O. A. J. to P and last saw her/him alive on 9:00 m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Robert M. Spadden Coroner 3		22b. ADDRESS Van Buren Mo		22c. DATE SIGNED 12-7-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-10-58		23c. NAME OF CEMETERY OR CREMATORY EASTWOOD Cemetery		23d. LOCATION (City, town, or county) (State) CARTER County, MO	
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24. FUNERAL DIRECTOR McSpadden		ADDRESS VAN BUREN MO		25. DATE RECD. BY LOCAL REG. Dec. 10-1958		26. REGISTRAR'S SIGNATURE Mrs Oeta Henson	
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(License of Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

See item 18. No symptoms will be listed. necessary related.

MAR 11 1959

FEB 9 1959

CARTER COUNTY
HEALTH CENTER

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 *Allen C. McGeehan*

Licensed Embalmer No. *4543*

P. O. Address. *Tam. Bureau*

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.