Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021133
STATE FILE NUMBER

FILED JUL 1 1959 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) New Addn. Length of stay in 1b 15 min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 927 E. Lafayette Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: JOSEPH Middle: EUGENE Last: SOILS
4. DATE OF DEATH Month, Day, Year: June 27, 1959
5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Apr. 29, 1932
9. AGE (In years last birthday): 27 IF UNDER 1 YEAR Months: 1 Days: 28 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (City and state or country): Mexico, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Clarence Soils
13b. MOTHER'S MAIDEN NAME: Laura Belle Ganaway
14. NAME OF HUSBAND OR WIFE: Josephine Soils
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give dates of service) unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs. Laura B. Soils, Address: Mexico, Mo.

MEDICAL CERTIFICATION

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 Thigh — INTERVAL BETWEEN ONSET AND DEATH: Immediately
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 981X
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Was shot with shotgun
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 6-27-1959
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
20f. CITY, TOWN, OR LOCATION Fayette COUNTY Howard STATE Mo

21. I attended the deceased from 6-27-59, to 6-27-59 and last saw her/him alive on
Death occurred at 1 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm Bloom (Degree or title) M.D. Coroner
22b. ADDRESS Fayette Mo
22c. DATE SIGNED 6-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE July 1, 1959
23c. NAME OF CEMETERY OR CREMATORY Wellsville City
23d. LOCATION (City, town, or county) (State) Wellsville, Missouri

24. FUNERAL DIRECTOR R.B. Wells ADDRESS Wellsville, Mo.
25. DATE RECD. BY LOCAL REG. 6-30-59
26. REGISTRAR'S SIGNATURE Mary K. Shell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Ralph A. Case

Licensed Embalmer No. 3340

P. O. Address Fayette, In

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.