

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027954

FILED VS AUG 12 1960 294

Primary Registration District No. 3056 Registrar's No. 201

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 1 month		c. CITY OR TOWN Glasgow		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION 1440 Quinn			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Joseph Middle C Last Workup				4. DATE OF DEATH Month August Day 8 Year 1960					
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-10-1930	9. AGE (last birthday) 30	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY General Labor		11. BIRTHPLACE (City and state or country) Howard Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Robert Cecil Workup			13b. MOTHER'S MAIDEN NAME Etta Blake			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 498-32-1012		17. INFORMANT Address Mrs. Etta Blake (Workup) Moberly, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Disemberment of brain							Instant		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Shot gun wound to head							Instant		
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) Placed shot gun to forehead and pulled trigger							
20c. TIME OF INJURY Hour 11:05 a.m. Month, Day, Year Aug. 3, 1960									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> home		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION Moberly, 1440 Quinn, Randolph, Missouri		COUNTY Randolph		STATE Missouri	
21. I attended the deceased from Never attended him and last saw him alive on _____ Death occurred at 11:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Benjamin G. Gally</i>				22b. ADDRESS 2021 N. Clark St., Moberly, Mo.			22c. DATE SIGNED 8-6-60		
23a. BURIAL, CREMATION, OR REMOVAL (City) Removal		23b. DATE 8-3-60	23c. NAME OF CEMETERY OR CREMATORY Lincoln		23d. LOCATION (City, town, or county) Glasgow, Mo.		(State)		
24. FUNERAL DIRECTOR ADDRESS Friemonth Funeral Home, Glasgow, Mo.				25. DATE RECD. BY LOCAL REG. 8-3-60		26. REGISTRAR'S SIGNATURE <i>Leah Blawie</i>			

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. J. Tremont

Licensed Embalmer No. 397

P. O. Address Wagon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.