

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034259

ED VS SEP 19 1960

Registration District No. 83 Primary Registration District No. 5312 Registrar's No. 3

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clarks Fork Twsp.</u>		Length of stay in lb <u>12 Years</u>		c. CITY OR TOWN <u>Boonville</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>At home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R. F. D., R.2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Elma</u> Middle <u>Ann</u> Last <u>Walters</u>				4. DATE OF DEATH Month <u>September</u> Day <u>11</u> Year <u>1960</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Aug. 14, 1928</u>	9. AGE (last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF UNDER 24 HR Hours <u>    </u> Min. <u>    </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Cooper County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Edwin K. Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Robna Rankin.</u>			14. NAME OF HUSBAND OR WIFE <u>Sid Walters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>    </u>		17. INFORMANT Address <u>Edwin K. Smith, Boonville, Mo.</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>Violence</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Gunshot wound Chest</u>									
DUE TO (c) <u>Self reflection</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AN AUTO ACCIDENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>Shot self in left chest with 12 gauge shot gun</u>							
20c. TIME OF INJURY Hour <u>5</u> a.m. Month, Day, Year <u>9 11 60</u>		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, store, office bldg., etc.) <u>Farm house</u>		20f. CITY, TOWN, OR LOCATION <u>Clarks Fork Twsp Cooper</u>		20g. STATE <u>Mo</u>	
21. I attended the deceased from <u>no attendance</u> and last saw him alive on <u>    </u> Death occurred at <u>about 7 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>M. Deceazager MD</u> (Degree or title)				22b. ADDRESS <u>Boonville Mo</u>				22c. DATE SIGNED <u>9/13/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 14, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		23d. LOCATION (City, town, or county) <u>Boonville, Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Goodman &amp; Boller, Boonville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Sept 14, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Virginia T. Higgins</u>			

DOCUMENT

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

*William N. Wood*

Licensed Embalmer No. 4539

P.O. Address Boonville, Mo

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.