JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 0 4 5 6 9 4
STATE FILE NUMBER

FILED VS JAN 15 1960

NDED

Registration District No. ______ Primary Registration District No. ______ Registrar's No. 212002

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b	c. CITY OR TOWN Farmington — Inside Limits Yes [X] No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital — Inside Limits Yes [X] No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No [X]

3. NAME OF DECEASED (Type or print) First: Russell Middle: Henry Last: McClintock	4. DATE OF DEATH Month: December Day: 23, Year: 1959
5. SEX: Male	6. COLOR OR RACE: White
7. Married [X] Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 3/30/1904
9. AGE (last birthday): 55	IF UNDER 1 YEAR Months / Days; IF UNDER 24 HR Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant	10b. KIND OF BUSINESS OR INDUSTRY: State Hospital #4
11. BIRTHPLACE (City and state or country): Ste.Genevieve,Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Mabry H.McClintock	13b. MOTHER'S MAIDEN NAME: Mayis Anew
14. NAME OF HUSBAND OR WIFE: Barbara	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: Barbara McClintock, Address: Farmington,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) Gunshot wound (bullet) of the skull, entering on the right
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) side and the opposite side was fractured skull, Bullet
DUE TO (c) lodged in the brain
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Subdural Hemorrhage

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Open Verdict. Have found an Inquest Verdict December 23 1959. Whether suicidal or accidental could not be determined

20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year 12-23-59
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.) 976 House
20f. CITY, TOWN, OR LOCATION Farmington COUNTY STATE Mo

21. I attended the deceased from ______ to ______ and last saw him alive on ______
Death occurred at 11 18 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner
22b. ADDRESS 1302 Clark
22c. DATE SIGNED 12/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 12-27-59	23c. NAME OF CEMETERY OR CREMATORY: Old Calvary Cemetery	23d. LOCATION (City, town, or county) (State): Farmington,Mo.
24. FUNERAL DIRECTOR: Albert H.Hoppe,Inc.	ADDRESS: 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG.: DEC 27 1959	26. REGISTRAR'S SIGNATURE: Karl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

M.J.B.

BY AFFIDAVIT OF ______ DOCUMENT

VS MAY 24 1961

MAY 10 1960 MAR 8 1960 JAN 25 1960

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 Edward Remel

Licensed Embalmer No. 428

P. O. Address St. Louis

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