

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020865

STATE FILE NUMBER

FILED JUN 17 1958 Registration District No. 32 Primary Registration District No. 5114 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo.</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexane Wayne</u>		c. CITY OR TOWN <u>Gipsy 0090</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi North of Gipsy</u> Length of stay in lb <u>Years?</u>		d. STREET ADDRESS <u>1 mi. North of Gipsy, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Jonas</u> Middle <u>Franklin</u> Last <u>Senter</u>		4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</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>Dec. 4, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Madison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Senter</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Mary Senter</u> Address <u>Gipsy, 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>Asphyxia Acute Obstructive</u> <u>Acute Obstruction (Hanging self</u> <u>with rope) self inflicted</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Obstruction (Hanging self</u> <u>with rope) self inflicted</u> DUE TO (c) <u>Acute Obstruction (Hanging self</u> <u>with rope) self inflicted</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Strangulation</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		974X	
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.) <u>Person went into shed. Tied rope around neck - Found dead - Coroner notified</u>	
20c. TIME OF INJURY Hour <u>3:30</u> Month <u>May</u> Day <u>23</u> Year <u>1958</u> a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Bollinger, Mo.</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Bollinger, Mo.</u>	
21. I attended the deceased from <u>May 23-58</u> to <u>May 23-58</u> and last saw her/him alive on <u>May 23-58</u> Death occurred at <u>3:30 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Last name or title) <u>William J. Freitas</u>		22b. ADDRESS <u>Lutesville Mo.</u>	
22c. DATE SIGNED <u>6-4-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 26, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Bollinger Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>John R. Jones</u> ADDRESS <u>Lutesville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6/14/58</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>			

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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 Walter J. Ford, Student Embalmer No. 58
working under my personal supervision.

Student Walter J. Ford
Signature of Student Embalmer

Signed C. J. Lorberg
Licensed Embalmer No. 38

P. O. Address Cape Girardeau

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