-					ION OF HEALTH - STANDARD CERTIFICATE OF DEATH	nnap
[ ]		_		BLIC Bric	egistration District No. 444 Primary Registration District No. 6024 Registrar's No. 57	NEMER !
DO NOT WRITE	AH	IENDE	D		LEO MAY 2 U 1952	
VS 300				1	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived. If institution as COUNTY Ray  a. STATE M1 99 OUT 16. COUNTY Ray	on: Residence before admission)
% Rev. 4/59				$I^-$	b. CITY (If outside corporate limits, give TOWNSHIP only) OR	Inside Limits
<b>J</b>	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>			l		Yes)( No 🗆
20840_	DATE AMENDED				c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mile N.E. of Elmira  Institution No.E. of Elmira  Inside Limits  ADDRESS NONE	Reside on Farm Yes No 💢
3				-5		962
<sup>4</sup> c <sub>5</sub> υ	_				Male White Widowed Divorced 4-18-1952 10 Months Da	
6	- SWO				during most None Kansas City, Mo. USA	
7 0	- POLIC				Michael O. Briggs Barbara Ann Cash None	VIFE
99298	RE AS			(Y	NOO, or unknown) (If yes, give war or dates of service)  NODE  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NODE  None  Michael O. Briggs, Elmira	
10 42	Δ		MENT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
11 5 89	RECOR EAD OF		DOCUMENT		Conditions, if any, ] DUE TO (b) See See See See See See See See See Se	
$\frac{129/-3}{132-0}$	THIS	$\perp$			which gave rise to above cause (a), stating the under-tying cause last. DUE TO (c)	
	NO S			VION		ignancy in last 90 days
1				5		□ No □ Unknowr
	AMENDMENTS			L CERTI	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART YES   NO 18	RT II of item 18.)
C INK RIBBON	AME	-		MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
-					20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20f. CITY, TOWN, OR LOCATION  COUNTY	STATE
A S E	READ				21. I attended the deceased from, toand last saw her him alive on	<del></del>
USE BLAC OR TYPEWRITER					Death occurred at m on the date stated above, and to the best of my knowledge, from the	ne causes stated.
USE	SHOULD		ㅂ		229 SYGNATURE (Degree or title) 221 DDRESS	22c. DATE SIGNED
_ \( \brace{\brace}{\brace} \)	\$				Van Swifford ( around lehmon, mo.	5-23-62
	ON NO	$\dagger \dagger$	AFFIDAVIT	23	18. BORAL (REMATION, 23b. DATE (23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City, town, or county) REMOVAL (Specify) BUT1al 5-24-62 Elmira Cemetery Elmira, Mo.	(State)
	ITEM I		BY AF	24	Jarman Fune ral Home, Lawson, Mo. 5-26-1962 Walled Gar	kson
	4 1 1	1 1	1		(Licensed Embalmer's Statement on Reverse Side)	

## STATEMENT BY LICENSED EMBALMER

	÷ I	herel	by ce	ertify th	nat the	bod	y whose	name	is	recorded	on the rev	erse sic	de of this certificate was embalmed by me,
	ő <del>r by</del>									· <u></u> ·			, Student Embalmer No
. working under my personal supervision.												2	111/ 80.1
	Student_			Ciamatur	re of Stud				•	<u>:</u> Si	gned //	elp	A Van Landingham
				Signatur	e DI 3100	;	mbaimei				(		Licensed Embalmer No. 448
													Figlion Mines Ma
		lo <del>t</del> o.	The	abovo	TZLIAA	D.E.	SIGNED	i BY TI	15	LICENSED	FAARALAAF	P in his	s 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.

Sep. 7