	ISSOUI		VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-035777	
DO NOT WRITE	AMENI		Fight Boldston District No. 6022 Registrar's No. 99 STATE FILE NUMBER	
vs 300 Rev. 4/59	DATE AMENDED		1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN C. FULL NAME OF (If NOT in hospital, give location) Inside Limits HOSPITAL OR INSTITUTION 1. PLACE OF DEATH a. CUSUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE b. COUNTY OR TOWN C. CITY OR TOWN TOWN TOWN TOWN TOWN AND TOWN	nits o 🔲
3 4 0 5 2			3. NAME OF DECEASED (Type or print) ALPHA 5. SEX 6. COLOR OR RACE Widowed DECEASED Widowed DECEASED 10s. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTMPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. NAME OF DECEASED OF DEATH OF UNDER YEAR IF UNDER YEAR Months Day Hours 10b. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTMPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. NAME OF DECEASED OF DEATH OF UNDER YEAR Months Day Note: 10b. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTMPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. NAME OF DECEASED OF DEATH OF DE	24 HR Min.
7 0	AS FOLLOWS		during most of working, life even if retired) 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL SECURITY	
10 11 12 / - 0 13 2 - 0	INSTEAD OF	DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) DUE TO (c) DUE TO (c)	VEEN 23
Z	AMENDMEN IS ON		disease condition given in BART I (a) Columb	known
USE BLACK INK OR TYPEWRITER RIBBC	SHOULD READ	VIT OF	WHILE AT WORK farm, factory, street, office bidg., etc.) 21. attended the deceased from	
	ITEM NO.	BY AFFIDAVIT	23. BURIAL (Specify) P-9-1962 HARDIN CEMETERY 14. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE BORCHEROING FUN. HOME HARDIN Mo., 9-10-1962 (Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

	 , Student Embalmer No
ng under my personal supervision.	
nt	 Signed Chiquest Boucherling
Signature of Student Embalmer	
	Licensed Embalmer No. 4678
	P. O. Address Hardin, Mc

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.