DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI -45 BUREAU OF THE STANDARD CERTIFICATE OF DEATH State File No. -39 X47070 Primary Registration District No., Registrar's No. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: PERMANENT RECORD (If outside city or fown limits, write "RURAL" and name of township) (c) City or town..... (c) Name of hospital or institution: (If outside city or town limits, write "RUIAL") (If rural, give location) (d) Length of stay: In hospital or institution. (e) Citizen of foreign country (Specify whether In this community..... years, months or days) If yes, name country..... MEDICAL CERTIFICATION 3. (c) PRINT / FULL NAME\_ 20. DATE OF DEATH: Month Jeley 3. (b) If yeteran. 3. (c) Social Security RITE PLAINLY—USE UNFADING BLACK INK—MAKE No..... 21. I hereby certify that I attended the deceased from 5. Color or 6. (a) Single, widowed, meeried dissect and that death occurred on the date and hour stated above. \_(b) Name of husband or wife 6. (c) Age of husband or wife if Duration 7. Birth date of deceased (Month (Day) (Year) 8. AGE: Years Months Days If less than one day 9. Birthplace (City, Morn, or county) (State or foreign country) Other conditions Usual occupation. (Include pregnancy within 3 months of death) PHYSICIAN Industry or busines Major findings: Of operations. 12. Name Underline the cause to 13. Birthplace. which death City, town, or county) (State or foreign country) should be 14. Maiden name, charged statistically. 15. Birthplace 22. If death was due to external causes, fill in the following: (City, town, or county) (State or foreign country) (a) Accident, suicide, or homicide (specify)..... 16. (a) Informant. (b) Date of occurrence... (c) Where did injury occur?. 12 (b) Date thereof. 17. (a) (City or town) (County) (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation. 18. (a) Signature of funeral directors While at work?... Means of injury (b) Address 23. Signature dmer's Statement on Reverse Side)

## 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

working under my personal supervision.

Licensed Embalmer No. 17.00

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.