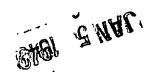
MISSOURI DIVISION OF HEALTH FEDERAL SECURITY AGENCY STANDARD CERTIFICATE OF DEATH National Office of Vital Statistics 17-39 Primary Registration District No...3.0.5.3. Registrar's No. 36.4. Registration District No. ..... 2.7.4..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: (a) County....Patt (b) City or town..... RECORD (if outside city or town limits, write "RURAL" and name of township (If outside city or town limits, write "RUBAL") (c) Name of hospital or institution: 315 So. ML (If rural, give location) (d) Street No ... (d) Length of stay: In hospital or institution....... (e) Citizen of foreign country?.....(Y PERMANENT If yes, name country..... MEDICAL CERTIFICATION 3. (a) PRINT 7 FULL NAME .... 20. DATE OF DEATH: Month..... 3. (b) If veteran. 545 hour 4 minute 18" 21. I hereby certify that I attended the deceased from...... 6. (a) Single, widowed, married and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife....... 6. (c) Age of husband of wife if Immediate cause of death..... 7. Birth date of deceased...... INK (Month) (Day) 8. AGE: **Уеагя** Months Dave If less than one day PLACK country) UNFADING (Include pregnancy within 3 months of death) 11. Industry or business PHYSICIAN Major findings: Of operations.. Underline the cause of . (State or foreign country) which death should be 14. Maiden name....Y. charged sta-tistically. 22. If death was due to external causes, fill in the following: (State or foreign country) (a) Accident, suicide, or homicide (specify)..... (b) Date of occurrence..... (c) Where did injury occur?....(City or town) ..... (b) Date thereof 12 = (d) Did injury occur in or about home, on farm, in industrial place, in public (c) Place: burial or cremation Pleasant Green Mo 18. (a) Signature of funeral director. Ma Lauchlin Bras While at work? (e) Means of injury..... (Date received local registrar) Jefferson City Printing Co. v

Pate Filed

7.53



## STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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