STANDARD CERTIFICATE OF DEATH  10.48  118TH NO. 85.01\$T. NO. 2\$2 PAILMARY NEG. 01\$T. NO. 2\$4 Registers' No. 2\$2  1. PLACE OF DEATH  1. PLACE OF DEATH  1. PLACE OF DEATH  1. PLACE OF DEATH  2. COUNTY (I sounds compreha linds, with RUPLAL and gives a proper of the county of the count		# FILED OCT	6 10 in	THE DIVISION OF H	EALTH OF MISSOURI		94.000
BEETH NO. BEG. DIST. NO. 2 2 PRIMARY REG. DIST. NO. 5 4 6 4 Repitives': No. 2 8 COUNTY  T. PLACE OF DEATH COUNTY  T. PLACE	, No.300	TIELD CC.	6 1949	STANDARD CERTII	FICATE OF DEATH	State File No	31396
a. COUNTY  B. CUTY CIT consider surprises Buillat, write BURLAL and gives  TOWN  C. CUTY (IT consider surprises Buillat, write BURLAL and gives  TOWN  C. CUTY (IT consider surprises Buillat, write BURLAL and gives  TOWN  C. CUTY (IT consider surprises Buillat, write BURLAL and gives  TOWN  C. CUTY (IT consider surprises Buillat, write BURLAL and gives  C. CUTY (IT consider surprises Buillat, write BURLAL and gives  TOWN  C. CUTY (IT consider surprises Buillat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Buillat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Buillat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write Burlat, and gives severally)  C. CUTY (IT consider surprises Bullat, write BURLAL and gives severally)  C. CUTY (IT consider surprises Bullat, write Burlat, and gives severally)  C. CUTY (IT consider surprises Bullat, write Burlat, and gives severally)  C. CUTY (IT consider surprises Bullat, write Burlat, and gives severally)  C. CUTY (IT consider surprises Bullat, write Burlat, and gives severally)  C. CUTY (IT consider surprises Bullat, write Burlat, and gives severally)  C. CUTY (IT consider surprises Burlat, and gives severally	5/1						
TOWN  G. FULL NAME OF (IT and its business) and institution, the survey adding or leading of the control of the	87	H	alk		a. STATE	(Where deceased lived. If ins	
d. FULL ANME OF CIT and a baseful or institution, give recent delices or institution of the Control of the Cont	0	II OR /I	rporate limite, write R	township) STAY, (in this place	oll OR 🚺	its, write RURAL and give town	Man 5
Command   Comm	CORI	II HOSPITAT OR .		astitution, give street address or lacation)		i, give location	Poleman
13a. FATTER & NAME    13b. MOTHER'S MAIDEN NOTE   14. MANE OF HUSBAND OF USE   15. WOTHER'S MAIDEN NOTE   15. WAS DECEASED EVER IN U.S. AFMED FORCEST   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   1/2 ADDRESS   18. CAUSE OF DEATH   18. CAUSE OF DEA			a. (Alist)	b. (Middle)	C. (Last)	1 OF 1 2)	(Day) (Year) 12 1949
13a. FATTER & NAME    13b. MOTHER'S MAIDEN NOTE   14. MANE OF HUSBAND OF USE   15. WOTHER'S MAIDEN NOTE   15. WAS DECEASED EVER IN U.S. AFMED FORCEST   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   1/2 ADDRESS   18. CAUSE OF DEATH   18. CAUSE OF DEA	LNEN	5. SEX	COLOR OR RACE	WIDOWED, DIVORCED (8)	111 - 0 111	/ Montha أ ( Last birthday اسم	Days Hours   Min.
13a. FATTER & NAME    13b. MOTHER'S MAIDEN NOTE   14. MANE OF HUSBAND OF USE   15. WOTHER'S MAIDEN NOTE   15. WAS DECEASED EVER IN U.S. AFMED FORCEST   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   1/2 ADDRESS   18. CAUSE OF DEATH   18. CAUSE OF DEA	ERM	10a. USUAL OCCUPATIO	)N (Give kind of work ag ille, even if retired)	105 KIND OF BUSINESS OR IN-		<del></del>	12. CITIZEN OF WHAT
MEDICAL CERTIFICATION  MIREMAL BETWEEN,  MOVEY 2 Migo  MOVEY 2 Migo  MOVEY 2 Migo  MIREMAL BETWEEN,  MOVEY 2 Migo  MOVEY 2 MIG		13a, FATHER'S HAME	On nil	<del></del>	NAME 14. NA	ME OF HUSBAND OR WIR	E / Ou a
MEDICAL CERTIFICATION  MIREMAL BETWEEN,  MOVEY 2 Migo  MOVEY 2 Migo  MOVEY 2 Migo  MIREMAL BETWEEN,  MOVEY 2 Migo  MOVEY 2 MIG	AKE	I5. WAS DECEASED EVE	R IN U. S. ARMED I		17. INFORMANT'S SIGN	NATURE OR NAME	16 600 HESS
Enter only one cause per line for (a), (b), and (c)  *This does not mean the distance of dying, such as heart fallure, asthenia, the distance or conditions, if any, giring DUE TO (b)  The mode of dying, such as heart fallure, asthenia, the distance of dying the to the above cause (a) stating the total cause and on the date stated above.  21 In the complete cause (a) stating the cause and on the date stated above.  22 In the stating the cause (a) stating the cause and on the date stated above.  23 In the stating the cause (a) stating the cause and on the date stated above.  24 In the cause and on the date stated above.  25 In the stating term of the causes and on the date stated above.  25 In the stating term of the causes and on the date stated above.  26 In the cause of the cause and on the date stated above.  27 In the stating term of the cause and on the date stated above.  28 In the stating term of the cause and on the date stated above.  29 In the stating term of the cause and on the date stated above.  20 In t	7	18 CAUSE OF DEATH MEDICAL CERTIFICATION					INTERVAL BETWEEN
Morbid conditions, if any, gisting DUE TO (b)  as heart failure, asthenia, at the 1 the underlying outse last  the mode of dying, such as the underlying outse last  the underlying outse last  the underlying outse last  the underlying outse last  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition crusting death.  ISa. DATE OF OPERA.  ISa. DATE OF OPERA  IDN  ISD. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE  SUICIDE  Long (Boeckly)  SUICIDE  Long (Month)  OF  INJURY  DIVING (Month)  OF  INJURY  DIVING (Hour)  SUICIDE  Long (Hour)  SUICIDE  Long (Hour)  L	INK-	Enter only one cause per 1. DISEASE OR CONDITION					ONSET AND DEATH
The sa heart fallure, asthemia, dec. It means the discussed in the underlying cause last.  DUE TO (c)  190. MAIOR FINDINGS OF OPERATION  191. DATE OF OPERATION  192. DATE OF OPERATION  193. DATE OF OPERATION  194. MAIOR FINDINGS OF OPERATION  216. ACCIDENT  SUICIDE  195. MAIOR FINDINGS OF OPERATION  216. INJURY (e.g., in or about home, farm, factory, street, office bidge, step.)  216. TIME (Month) (Day) (Year) (Hour) (21e. INJURY OCCURRED WHILE AT WORK AT WORK)  22. I hereby certify that I altended the deceased from Aug 1949, to Sept 12, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 8120pm., from the causes and on the date stated above.  22a. SIGNATURE  22a. BURIAL, CREMA 24b. DATE (24c, NAME OF, CEMETERT, OR CREMATORY) 24d, LOCATION (Obs., town, or condity) (State)  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  DEFINITION REMOVAL objectivy (State) (Stat	ACK	the mode of dying, such Morbid conditions, if any, civing DUE TO (b)					-
tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition assuring death.  ISA. DATE OF OPERA. ISB. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) 21b. PLACE OF INJURY (s.g., in or about SUICIDE HOMICIDE  21. ACCIDENT (Specify) 21b. PLACE OF INJURY (s.g., in or about SUICIDE HOMICIDE  21. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCURRE		etc. It means the dis- case, injury, or complica-	the underlying course last.				•
21a. ACCIDENT SUICIDE   21b. PLACE OF INJURY (e.g., in or about SUICIDE   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  21d. Time (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  22d. I hereby certify that I allended the deceased from   Alaq   1949, to Sept 12, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 8220pm., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title)   23b. ADDRESS   23c. DATE SIGNED   24d. DOCATION (Oby, town, or county) (Sibry)   24d. DOCATION (Oby, town, or county)   24d. DOCATION (Oby, town, or county)   24d. DOCATION (Oby, town, or county)   24d. DATE SIGNATURE   24d. DATE SIGNATURE   4d. DATE SIGNATURE	DING		Conditions contrib	nuting to the death but not			4272
21a. ACCIDENT SUICIDE   21b. PLACE OF INJURY (e.g., in or about SUICIDE   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  21d. Time (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  22d. I hereby certify that I allended the deceased from   Alaq   1949, to Sept 12, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 8220pm., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title)   23b. ADDRESS   23c. DATE SIGNED   24d. DOCATION (Oby, town, or county) (Sibry)   24d. DOCATION (Oby, town, or county)   24d. DOCATION (Oby, town, or county)   24d. DOCATION (Oby, town, or county)   24d. DATE SIGNATURE   24d. DATE SIGNATURE   4d. DATE SIGNATURE	INFA	19a. DATE OF OPERA- TION		· · · · · · · · · · · · · · · · · · ·	,		
INJURY  MHILEAT NOTWHILE  22. I hereby certify that I allended the deceased from Aryonk  23. I hereby certify that I allended the deceased from Aryonk  alive on Sept 12, 1949, and that death occurred at 8:30pm., from the causes and on the date stated above.  23a. SIGNATURE  23a. SIGNATURE  23a. BORIAL CREMA.  24b. DATE  24c. NAME OF, CEMETERY, OR CREMATORY  24c. NAME OF,	,	21a. ACCIDENT SUICIDE HOMICIDE				IP) (COUNTY)	
246. BDRIAL CREMA. 246. DATE 24C, NAME OF CEMETERY OR CREMATORY 24d, LOCATION (Obs., town, or country) (Sibry).  TION, REMOVAL (Specific) 9-14-49 Lindley And Control (Obs., town, or country) (Sibry).  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 158 22-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	Lan—	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?					
246. BDRIAL CREMA. 246. DATE 24C, NAME OF CEMETERY OR CREMATORY 24d, LOCATION (Obs., town, or country) (Sibry).  TION, REMOVAL (Specific) 9-14-49 Lindley And Control (Obs., town, or country) (Sibry).  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 158 22-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	INLY	2. I hereby certify that I allended the deceased from Ava 1, 1949, to Sept 12-1949, that I last saw the deceased					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 258 22-CHERAL DIRECTOR'S SIGNATURE PADDRESS SEAT 29 1949 Ralah Harden Res most fact a WHU 40 Blue BOLLIAH MO.		·	7/1			- Who .	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 258 22-CHERAL DIRECTOR'S SIGNATURE PADDRESS SEAT 29 1949 Ralah Harden Res most fact a WHU 40 Blue BOLLIAH MO.	RITE	24a. BUR VAL, CREMA TION, REMOVAL (Byadly	- 246. DATE 9 - 141 -	49 Zac NAME OF CEMETE	RY OR CREMATORY 240, 100	ATION (Oss, town, or coun	(State)
Licensed Embalmer's Statement on Reverse Side)	*	DATE REC'D BY LOCAL REG	REGISTRAR'S S	IGNATURE 253	23 - WHERAL DIRECTOR &	RIGHATURE DALLI	ODRESS MO.
	[	Mary 77, 174	11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Licented Embalmer's	Statement on Reverse Side)	ns way	

## RECEIVED

District Health Officer No. :

District File Number 9:49:115 Date Filed 10 . 5 - 49

## 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.

Student Embalmer

Licensed Embalmer No...

P. O. Address,

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.