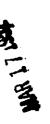
/ E. N			THE DIVE	SION OF HE	ALTH OF MISSOU	RI	• _			
7.S. No.300	FILED AP	R 15 1950	STANDA	RD CERTIF	ICATE OF DEA	TH State	File No. 9849			
	BIRTH NO.		REG. DIST. NO	.274	PRIMARY REG. DIST.	т. 3052 Regist	rar's No. 120			
0804	1. PLACE OF DEA	ttio			2. USUAL RESIDE	NCE (Where deceased liv b. COU	ed. If institution: residence before			
	b. CITY (II outside so OR TOWN Sed	alia	township)	c. LENGTH OF STAY (in this place) Theo 1922	TOWN Sedalia 0007					
RECORD	d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in boupital or is Bothwel	20 Hogh	tal_	d. STREET ADDRESS 7/4	(If rural, give location) E. Broade	rau			
	3 NAME OF DECEASED	g. (First)	E-1.1.	Middle)	c. (Last)	OF L	(Month) (Day) (Year)			
INE	(Type or Print) 5. SEX 4 6.	COLOR OR RACE	7. MARRIED, NEV	E N/ /ER MARRIED,	VVRIGHT	DEATH))	onen 19 1950 if UNDER 11 HER.			
ANJ	7emale	white	WIDOWED, DIV	ORCED (Specify)	Dec-1-1	882 last birthday)	Months Days Hours Min.			
PERMANENT	done during most of worki	ON (Give kind of work ag life, even if retired)	10b. KIND OF B	USINESS OR IN- DUSTRY	11. BIRTHPLACE (State)	or foreten country)	12. CITIZEN OF WHAT COUNTRY?			
-	13a. FATHER'S NAME	coo		THER'S MAIDEN		14. NAME OF HUSBAND	OR WIFE			
KE	WAS DECEASED EVE	R IN U.S. ARMED I	FORCES? 16. SO		17. INFORMANT'S	SIGNATURE OR N	ME ADDRESS			
-MAKE	des. no. or unknown) (II	yes, riffe war or dates	of service)		Edward	Wright	Sadalia			
INK	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	WEDICAL C	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH TO days.			
ACK	*This does not mean the mode of dying, such	ANTECEDENT CA	Over 2 years.							
BIC	as heart failure, asthenia, etc. 'It means the dis-' ease, injury, or complica-	ANTECEDENT CAUSES Morbid conditions, if any, giring DUE TO (b) Cardio- Vascular Disease. rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility- Arterio-Sclerosis								
UNFADING	tion which caused death.	II. OTHER SIGNIF Conditions contrib related to the disea	41221							
NEA	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION Medical treatment only.									
	21a. ACCIDENT SUICIDE HOMICIDE NOY	(Specify)	21b. PLACE OF INJUI	RY (e.g., in or about	21c. (CITY, TOWN, OR 1	OWNSHIP) (CO	UNTY) (STATE)			
	OF	(Day) (Year) (Hour) 21e, INJU WHILE AT WORK	RY OCCURRED NOT WHILE	21f. HOW DID INJURY	OCCUR?				
PLAINLY	22. I hereby certify that I attended the deceased from over 2 yrs ₁₉ , to March 19th ₁₉ 50, that I last saw the deceased alive on Harch 19th ₂ 1950 and that death occurred at 10.15 map from the causes and on the date stated above.									
1 1	23 ₉ .:SIGNATURE	arlisle,M.	(·) A	Value N	ADDRESS Sedalia, Mis	• • • • • • • • • • • • • • • • • • • •	23c. DATE SIGNED 3-20-80			
WRITE	24a. BURIAL, CREMA TION, REMOVAL (Speedly	3-21-	50 ma	ME OF CEMETER		Ad. LOCATION (Oity, town	n, or county) (State)			
	3-21-56	REGISTRADES	IGNATURE AMAIL		me Laura	or's SIGNATURE Bro	ADDRESS Sadalla			
		7	(Licen	sed Embelmer's S	tatement on Reverse Side)				

District Health Officer No. 8, Waste File Number 4-14-50



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
	Student	Embalmer No) .	********

working under my personal supervision.

ia: supervision.

Licensed Embalmer No. 3/5-3

P. O. Addres Sedalumu

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.