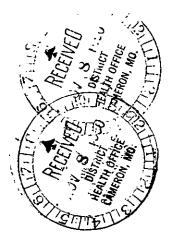
Eta espa a cana			ALTH OF MISSOURI		77774103
PLED NOV	9 1950	STANDARD CERTIF	ICATE OF DEATH	4 . 4 .	File No. 33102
BIRTH NO		_ REG. DIST. NO. 99	PRIMARY REG. DIST. NO.		rar's No. 55
1. PLACE OF DEA	ATH		2. USUAL RESIDENC		
a. COUNTY 3	eKalb		a. STATE MO	b. COUN	DeKalb.
	orporate limits, write RÜ	URAL and give c. LENGTH OF	c. CiTY (If outside corporate		
TÖWNClark	ndale Mo	township) STAY (in this place)	TOWN Clarkad	ale	0320
d. FULL NAME OF ( HOSPITAL OR	(If not in hospital or in	atitution, give street address or location)	d. STREET (II :	reral, give location)	· · · · · · ·
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (	Month) (Day) (Year)
	ynthia	<u>A</u> nna	Dalby	OF DEATH	10 29 50
	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Monthal Days   House   M
	hite	Widow 7	Jan, 15, 1868	leg hirthday)	Months Days Hours M
10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BUSINESS OR IN- DUSTRY			12. CITIZEN OF WI
HOUSE ewille	Mg III o, even ii	Home	DeKalb Co, 1		COUNTRY?
3a. FATHER'S NAME	_	136. MOTHER'S MAIDEN	NAME //_ 14./	NAME OF HUSBAND	OR PIFE
John Broo		The me 10	rooks //	ewil Na	KMI
15. WAS DECEASED EVE	ER IN U.S. ARMED F	ORCES?   16. SOCIAL SECURITY		GNATURE OR NA	
(Yes, no, or unknown) (If			Settle Schot	ter Clarki	
18. CAUSE OF DEATH		MEDICAL 4	CERTIFICATION.		
	- 3165165 00 60		, <del></del>		
Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CO			seoce	INTERVAL BETWE ONSET AND DEAT
Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CO DIRECTLY LEADIN	ondition ing to death*(a) Mo du		reoce	
Enter only one cause per	ANTECEDENT CA	ONDITION (a) Mo du luses		reoce	
Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia.	ANTECEDENT CA  Morbid conditions, rise to the above ca	ONDITION MG TO DEATH*(a) Mo du		acost	
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT CA  Morbid conditions, rise to the above ca  the underlying cause	DNDITION ING TO DEATH*(a)  LUSES In if any, giving DUE TO (b) Insee (a) stating are last.  DUE TO (c)	ald fige	acocl	
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## 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
vorking under my personal supervision.	Stydent Embalmer No.

Student ..... Student Embalmer

P. O. Address P.

Licensed Embalmer No

the above constitutes grounds for revocation of license.)

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