SECONDENT   SECONDITION   Sept. 25, 1905   bat birthday)   Months   Dary   Ber	. CIER NOV	04 1055	THE DIVISION OF H	EALTH OF MISSOURI			
1. PLACE OF DEATH  a. COUNTY PL+1:5  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CITY (If certifies corporate limits), write BURAL and give to inversable)  D. CALLEST (If certifies)  D. CALLEST	HILED MUV	21 1950		FICATE OF DEATH	State File No	37963	
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3. NAME OF DECEASED DECEASED A (Piet) b. (Middle) C. (Last) C. (Last) 4. DATE (Month) (Dwy) C. (Month) DECEASED	HOSPITAL OR	(If not in hospital or in	multution, give street address or location	ADDRESS A		on	
Type or Print)  S. SEX  S. SEX	3. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)		
15. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, NEVER MARRIED, MIDOMEDIO (1900) (COUNTY (1700) (170		Lutie	Genera	Wright	DEATH // DV.		
19D. KIND OF BUSINESS OR IN- DUSTRY  MINEY HOTE!  13D. MOTHER'S MAME  13D. MOTHER'S MAIDEN NAME  14D. NAME OF COUNTY, MISSIOURILL OF COUNTY, M	المنز سير	,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	1 - 1	last birthday) Months	1 YEAR   F INDER M SES. Days   Hours   Min.	
38. FATHER'S NAME  GLOYBE Stapleton  133. MOTHER'S MAIDEN NAME  GLOYBE Stapleton  135. MOTHER'S MAIDEN NAME  GLOYBE Stapleton  136. MOTHER'S MAIDEN NAME  GLOYBE Stapleton  157. INFORMANT'S SIGNATURE OR NAME  ADMITTANA  MEDICAL CEPTIFICATION  MEDICAL CEPTIFICATION  10. INTERNAL ONSET AL  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to th		ON (Give kind of work	10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (State or foreign	a country)	12. CITIZEN OF WHATCOUNTRY?	
S. WAS DECEASED EVER IN O.S. ARMED FORCES?  16. SOCIAL SECURITY  NO. O' This does not means the disease of control on which coused death.  17. INFORMANT'S SIGNATURE OR NAME  MEDICAL CEPTIFICATION  DIRECTLY LEADING TO DEATH  (a) ANTECEDENT CAUSES  APOND Conditions, if any, giring DUE TO (b)  This does not means the disease or condition couring death.  TION  18. DUE TO (c)  11. O'HER SIGNIFICANT CONDITIONS  DUE TO (c)  11. O'HER SIGNIFICANT CONDITIONS  O' This does not means the disease or condition couring death.  TION  Pa. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  10. TIME  11. ACCIDENT  SUICIDE  HOMICIDE  HOMICIDE  12. I hereby certify that I attended the deceased from Year of the course of the disease and on the date stated above.  21. I hereby certify that I attended the deceased from Year of the course of the death of the death occurred at 12 pm, from the causes and on the date stated above.  22. DATO  13. SIGNATURE  14. DEPTIFICATION  15. NIFORMANT'S SIGNATURE  16. SOCIAL SECURITY  MEDICAL CEPTIFICATION  INTERNAL  ONSET AL  ONSET	IVIBIA	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	HAME 14 NAME	ALVINISSOUYI	<u> U.S.A.</u>	
15. WAS DECESSED EVER IN 0.5 ARMED FORCES   16. SOCIAL SECURITY   NO.   MEDICAL CEPTIFICATION   MEDI	Carros C	5+30/01.	1 ~ /	Fstille To	TAMA # 5 Tuna #	10/2 10/2	
Yes. Do. or unknowns    (If yes., stres war or dates of service)   NO.   Mrs. Od S. S. J. John Son - Scot J.	5. WAS DECEASED EVE	R IN O.S. ARMED		17. INFORMANT'S SIG	NATURE OR NAME	AMMESS	
MEDICAL CEPTIFICATION  INTERNAL CENTER ONLY ORGANISOPET  Inter for (a), (b), and (c)  *This does not meem the mode of dying, such as heart failure, archenia, the to the above cause (c) stating the underlying consolection of the disease or condition constring to the details but not related to the disease or condition constring detail.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details but not related to the disease or condition constring details.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details but not related to the disease or condition constring details.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details but not related to the disease or condition constring details.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details out not related to the disease or condition constring details.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details out not related to the disease or condition constring details.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details out not related to the disease or condition constring details.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details out not related to the disease or condition constring details.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details out not related to the disease or condition constring details.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details out not related to the disease or condition constring details.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details out not related to the disease or condition constring details.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the details out not related to the disease or conditions and the details out not related to the disease or conditions and the details out not rela	(Yes. no. or unknown)   (Ii			M	ンデ	מוציל לא ביל ביל	
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The underlying cause last.  The underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Ounditions contributing to the death but not related to the disease or condition causing death.  Pa. DATE OF OPERATION  12. AUTO  TION  13. ACCIDENT  SUICIDE  HOMICIDE  14. ACCIDENT  SUICIDE  HOMICIDE  15. PLACE OF INJURY (e.g., in or about 10 or about 10 or				ues.	/		
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II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  9a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  11a. ACCIDENT SUICIDE (Specity)  11b. PLACE OF INJURY (e.g., in or about bidg, esc.)  11c. ACCIDENT SUICIDE (Specity)  11d. TIME (Month) (Day) (Year) (Hour)  12le. INJURY OCCURRED (If, HOW DID INJURY OCCUR?  12lf. HOW DID INJURY OCCUR?  12lf		ine underlying cal					
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18. ACCIDENT (Specity) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  10. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WORK AT WORK 21f. HOW DID INJURY OCCUR?		Conditions contrib	buting to the death but not use or condition causing death.	mislage	<del></del>	10 29 X	
Pla. ACCIDENT (Breefly) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE home, farm, factory, street, office bidg., etc.)  Pld. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK 21f. HOW DID INJURY OCCUR?  Pld. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 21f. HOW DID INJURY OCCUR?  Pld. Time of the deceased from 10 5 -, 1950, to 10 13, 1950, that I last saw the alive on 10 - 13 -, 1950, and that death occurred at 12 5 m, from the causes and on the date stated above.  Pld. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE (Degree or title) 23b. ADDRESS 23c. DATE (Degree or title) 23b. ADDRESS 23c. DATE (Degree or title) 24d. LOCATION (Oity, town, or county) 15 Ur 12 15 MOV. 15, 150 Crown Hill Annex (emotion Scalar) 24d. DATE REGISTRADE SIGNATURE 25. FUNGRAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNGRAL DIRECTOR'S SIGNATURE 25. FUNGRAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNGRAL DIRECTOR'S SIGNATURE 25. FUNGRAL DIRECTORY 25. FUNG					aplat .	20. AUTOPSY?	
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WHILE AT WORK  2. I hereby certify that I attended the deceased from 15-, 1950, to 10113, 1950, that I last saw the alive on 13-, 1950, and that death occurred at 125m, from the causes and on the date stated above.  3a. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATI  As. BURIAL. CREMA- TION REMOVAL (Besist)  Nov. 15, 1950 Crown Hill Annex Cemetry  24d. LOCATION (City, town, or county)  DATE RECUBY LOCAL  REGISTRAP SIGNATURE  ADDRESS  ADDRESS  ADDRESS  25. FUNGRAL DIRECTOR'S SIGNATURE  ADDRESS	Ia. ACCIDENT SUICIDE HOMICIDE				(COUNTY)	(STATE)	
22. I hereby certify that I attended the deceased from 100 5—, 1950, to 200 13, 1959 that I last saw the alive on 10-13-, 1950, and that death occurred at 12 5m., from the causes and on the date stated above.  23. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (Oity, town, or county)  TION REMOVAL CONTROL  35. 1950 CYOWN HILLAMMEX CONCERNS SIGNATURE  ADDRESS	IId. TIME (Month) OF INJURY	(Day) (Year) (	WHILEAT [ NOT WHILE [	21f. HOW DID INJURY OCCUR	7	,	
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DATE REC'D BY LOCAL REGISTRADES SIGNATURE    - 10, 1930   POSTATION   PROJECT OF SIGNATURE ADDRESS     - 10, 1930   POSTATION   POSTATION   POSTATION     - 10, 1930   POSTATION   POSTATION   POSTATION     - 10, 1930   POSTATION   POSTATION     - 10, 1930   POSTATI			<del></del>		A+	23c. DATE SIGNED	
FION REMOVAL CONTROL NOV. 15, 1950 Crown Hill Annex Comoton Sedalia CONTROL REGISTRADE SIGNATURE SIGNATURE ADDRESS NO. 1950 DESCRIPTION OF SIGNATURE ADDRESS	Cl.K. I	Kud	day MD.	116/260.	Main	11-15-5	
BUTIZE NOV. 15, 1950 Crown HillAnnex (emotion Sed 41) 2.  DATE REC'D BY LOCAL REGISTRADES SIGNATURE ADDRESS  11-15, 1950 Decentral Library of Line Clipano Sedalia M	AL BURIAL, CREMA	24b. DATE	24c. NAME OF CEMETE	RY OR CREMATORY   24d. LO	CATION (City, town, or cour	ity) (State)	
DATE REC'D BY LOCAL REGISTRADA SIGNATURE ADDRESS  11-15, 1950 Description Library June Chiante Selalia M		Nov. 15.	1950 Crown Hil	Annex Cometer Si	edalia.	MO	
11-15,1950   prostiff to the Lipsetty of True Chiambe Delalia M				5 FURBRAL DIRECTOR'S	SI CHATURE A	DORESS	
(Licensed Embelmer's Stalement on Reverse Side)	1/-15.1957	八人	THE 18 Lesset	Attrue alles	ube Dedel	ia his	
· · · · · · · · · · · · · · · · · · ·			(Licensed Æmbelmer)	Statement on Reverse Side)			

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse s	ide of this	certificate v	vas embain	ied by me, or	r by	
······································		Student	Embalmer	No		
working under my personal supervision.	Ó.,	0		1	Ω	

Student Embalmer

Licensed Embalmer No. 42 45

P. O. Address Dedalia M.

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.