.S. No.300	THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH State File No
المراد ال	BIRTH NO REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 42 Kegistrar's No. 42
VI (1. PLACE OF DEATH a. COUNTY A. COUNTY A. STATE D. COUNTY Administration: ranklence be administration.
بنك	b. CITY (If outside corporate limits, write RURAL and give township) C. LENGTH OF C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OR TOWN C. CITY (If outside corporate limits, write RURAL and give township)
2-tok	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION purels Home (North Frain) d. STREET ADDRESS (If rural, give location)
~ \\	3. NAME OF a. (First) b. (Middle) c. (Last) 4. DATE (Month) (Day) (Year) (Type or Print) Ceor of 12. Ann. Mols 171 dey DEATH 2 19 195
Liner	5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, 8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR F UNDER 1 H HOURS Months Days Hours Million Months Days Hours Million Months Days Hours Million Months Days Months Days Months Days Months Days Million Months Days Million Mi
T.A.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if regland) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) COUNTRY? USA
∀	13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE HESTER Hoback Bear Material
MAKE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS NO.
INK—?	18. CAUSE OF DEATH Enter only one cause per libe for (a), (b), and (c) INTERVAL BETWEE ONSET AND DEATH (c) INTERVAL BETWEE ONSET AND DEATH (c) INTERVAL BETWEE ONSET AND DEATH (c)
CK II	This does not mean ANTECEDENT CAUSES
BLA	the mode of dying, such as heart fallure, asthenia, itse to the above cause (a) stating etc. It means the distribution of complete the underlying cause last. DUE TO (c)
ADING	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
UNEA!	19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	YES NO
-USING	21d. TIME (Menth) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT NOT WHILE AT WORK AT WORK
AINLY-	22. I hereby certify that I attended the deceased fram
PLA	23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNE
varre	24a. BURIAL, ZREMA- 26b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State)
31	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 42 125. FUNERAL BIRECTOR'S SIGNATURE ADDRESS
	(Licensed Embalmer's Statement on Reverse Side)

RECEIVED2265/

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 265/

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	ed on the reverse side of this certificate was embalmed by me, or by
	Student Embalmer No.
working under my personal supervision.	
	() A D/
Student	Signed Lausly
Student Embalmer	Signed Licensed Embalmer No.3.2.0.5
•	P. O. Address Calhoun Sur

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.