1. PLACE OF DEATH 2. COUNTY 2. C. LENGTH OF OR COUNTY 3. STATE 2. CUIVY (If evaluate perparative limiting write, BUTRAL and advention of the country) OR COUNTY 3. STATE 3. COUNTY 3. STATE 4. COUNTY 3. STATE 5. COUNTY 4. C. CITY (If evaluate perparative limiting write, BUTRAL and drive country) OR COUNTY 4. C. CITY (If evaluate perparative limiting write, BUTRAL and drive country) OR COUNTY 4. C. CILOTY 5. STATE 6. COUNTY 6. COUNTRY 6. STATE 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. STATE 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. STATE 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. STATE 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. COUNTRY 6. STATE 6. COUNTRY 6. COUNTRY 6. STATE 6. COUNTRY 6. STATE 6. COUNTRY 6. COUNTRY 6. STATE	FILED MA	R 19 1951	STANDAR	CERTIF	ICATE OF DE	ATH	State Fi	ie No. 78	302
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TOWN  OF FULL HAME OF EIR gir is hoospiller to status field the state of localities of of locali		ATH			2. USUAL RESID	DENCE (W)	ere decessed lived b. COUNT	If Institution: a	edicios
G. FILL MANE OF CIT get in howeld on institution, circ street address or location.  INSTITUTION	OR ~ DA	propurate limited write	EURAL and give C. township) ST		I UR 🦳	orporate limita.	orite BURAL and g	ive township)	1. 80
3. NAME OF a. (FIRS)  DECEASED  A. (FIRS)  J. (MIGIGI)  A. DATE (Month) (Day) (Year)  DECEASED  (Type or Print)  J. 7  MARRIED, BYVER MARRIED, BYVER MARRIED, B. DATE OF BIRTH  J. AGE (Laysen) of moze in true in the behavior of the behavio	d. FULL NAME OF	(If not in bouping or i	institution, give street addr	em or looktion)	d. STREET	(If rural, et	ve location)	*3-	1
Type or Prints)  S. SEX  S. SE		a. (First)		idle)	c. (Last)		4. DATE (M	(mth) (Dee)	(Vers)
19. USUAL OCCUPATION (Give laid of work done directing times on or working life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing times on or working life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing times or working life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing times or working life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give laid of work done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give life, life, was done directing life, wraph frailwed)  10. USUAL OCCUPATION (Give life, life, wraph frailwed)  10. USUAL OCCUPATION (Give life, life, was done laid.  10. USUAL OCCUPATION (Give life, lit, life, li	(Type or Print)	natilda	Sto	ckt	in Kel	sar	DEATH 7	6 24	<u> 194)</u> <u> 1951</u>
38. FATHER'S NAME    13   MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE     15. WAS DECEASED EVER IN U. S. ARNED FORGES?   18. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRES     16. CAUSE OF DEATH   DISEASE OR CONDITION   MEDICAL CERTIFICATION   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH's (a)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH's (b)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH's (c)   DISEASE OR CONDITION   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH's (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH's (c)   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH's (c)   DISEASE OR CONDITION   DISEASE	Genale !	COLOR OF RACE	11/1/2/2000	1/1	8. DATE OF BIRTH	1862	9. AGE (In years last birthday)	or those I YEAR I	UNDER M M
136. MATHER'S NAME  136. MAS DECENSES EVER IN U. S. ARMED FORGEST  18. SOCIAL SECRETY  17. INFORMANT'S SIGNATURE OR NAME  28. CAUSE OF DEATH inter only one equisoper  19. CAUSE OF DEATH inter only one equisoper  10. DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH* (a)  20. ANTECEDENT CAUSES  Affolia does not mean  10. MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES  Affolia does not mean  10. It means the dis-  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  12. DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  12. DATE OF OPERATION  13. ACCIDENT  SUCCIDE  14. ACCIDENT  SUCCIDE  15. MADOR FINDINGS OF OPERATION  16. ACCIDENT  SUCCIDE  16. MADOR FINDINGS OF OPERATION  17. INFORMANT'S SIGNATURE  APPLIES  APPLIES  APPLIES  APPLIES  17. INFORMANT'S SIGNATURE OR NAME  ANTECEDENT CAUSES  APPLIES  APPLIES  APPLIES  APPLIES  APPLIES  16. SOCIAL SECURITY  17. INFORMANT'S SIGNATURE OR NAME  17. INFORMANT'S SIGNATURE OR NAME  APPLIES  APPL	done during most of work	ing life, even if retired)	10b. KIND OF BUSI	NESS OR IN- DUSTRY	Th. BIRTHPLACE (State	or foreign equ	ntry)	12. CITIZ COUNT	EN OF WH
5. WAS DECERSED EVER IN U.S. ARMED FORFEST IN SOCIAL SECRETY IN INFORMANT'S SIGNATURE OR NAME ADDRESS YEAR, DO, OUR MANUAL PRODUCT OF THE COLOR OF T			13b. MOTHE	R'S MAIDEN	NAME	14. HAME	OF HUSBAND O	OR WIFE.	
(See CAUSE OF DEATH Sinter only one causes per Bit only one causes per Bit only one causes per Bit does not meen the mode of dying, such the tothe above course (a) stating the underlying couse last.  DUE TO (c)  This does not meen the mode of dying, such the tothe above course (a) stating the underlying couse last.  DUE TO (c)  TO THEN SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  TION  TO THEN SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  TO THEN SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  TO THEN SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  TO THEN SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  TO THEN SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  TO THE MONOR THE SIGNIFICANT CONDITIONS  TO AUTOPSY!  THE OF THE OWN OF THE SIGNIFICANT CONDITIONS  CONDITION  DUE TO (c)  TO THE SIGNIFICANT CONDITIONS  CONDITION  DUE TO (c)  TO THE SIGNIFICANT CONDITIONS  CONDITION  TO THE SIGNIFICANT CONDITIONS  TO THE OWN OF THE	Machael 5. WAS DECEASED EV	ER IN U.S. ARMED	FORCES?   16. SOCIAL	SECHRITY	17. INFORMANT	S SIGNAT			ODDECC
Inter only one cause per une for (a), (b), and (c)  This does not meen he mode of giring, such a heart follower, exthenia, rise to the chore cause (a) stating the underlying cause last.  ANTECEDENT CAUSES  Another controlling to the death but To (c)  III. OTHER SIGNIFICANT CONDITION  DUE TO (c)  III. OTHER SIGNIFICANT CONDITION  DUE TO (c)  III. OTHER SIGNIFICANT CONDITION  Pa. DATE OF OPERA- TION  TON  III. OTHER SIGNIFICANT CONDITION  DUE TO (c)  III. OTHER SIGNIFICANT CONDIT	Ym. no. or unknown) (1			NO.	Sela Ka	and the		Bred	Page
Interior (a), (b), and (c)  *This does not mean he mode of dying, such as heartfalling, cathenia, the complete of a heartfalling, cathenia, the complete of a heartfalling, cathenia, the data are, injury, or complete of no which caused death.  DUE TO (c)  ### DU	8. CAUSE OF DEATH	1 DISFASE OR C	NOITION	MEDICAL C	ERTIFICATION		6.11	INTERV	AND DEAT
he mode of dying, such as heart falliver, authentic, the above cause (a) stating the underlying cause last.  Morbid conditions, if any, giving DUE TO (b)  The to the above cause (a) stating the underlying cause last.  DUE TO (c).  11. OTHER SIGNIFICANT CONDITIONS  Pa. DATE OF OPERATION  12. DATE OF OPERATION  13. ACCIDENT  TION  14. ACCIDENT  TION  15. ACCIDENT  TION  16. ACCIDENT  TION  17. ACCIDENT  TION  18. ACCIDENT  TION  19. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  10. CITY, TOWN, OR TOWNSHIP)  10. COUNTY)  10. THER SIGNIFICANT CODITIONS  21. (CITY, TOWN, OR TOWNSHIP)  22. (COUNTY)  10. THERE SIGNIFICANT CODITIONS  23. AUTOPSY?  10. THE OPERATION COUNTY  10. THE OPERATION COUNTY  10. THE OPERATION COUNTY  10. THE OPERATION COUNTY  10. AUTOPSY?  10. AUTOPSY?  10. AUTOPSY?  10. AUTOPSY?  10. AUTOPSY?  10. AUTOPSY?  10. CITY, TOWN, OR TOWNSHIP)  10. COUNTY)  11. OTHER SIGNIFICANT COUNTY  12. (CITY, TOWN, OR TOWNSHIP)  12. (CITY, TOWN, OR TOWNSHIP)	ine for (a), (b), and (c)	DIRECTLY LEAD	ING TO DEATH*(a)	Aso	uc mi	soca	rditis		WR
The control failure, astherial, the III means the distance cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Obtained to the disease or condition contributing to the death but not related to the disease or condition contributing death.  Pa. DATE OF OPERATION  TION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO.  NO.  NO.  NO.  NO.  NO.  STATE  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Doubling countributing to the death but not related to the disease or condition countring death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  PATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (a.g., in or about both and in the country) (STATE)  DOI: 10b. PLACE OF INJURY (a.g., in or about both and in the country) (STATE)  WHILE ATT NOT WRILE WORK AT WORK AT WORK AT WORK AT WORK  21f. HOW DID INJURY OCCUR?  WHILE ATT NOT WRILE WORK AT WORK AS BURIAL CREMA- 19D. I that I last saw the decease alive on 24 Per., 19D., and that death occurred at 1200 Am., from the causes and on the date stated above.  3a. SIGNATURE (Degree or title) 23b. ADDRESS  AS BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY-OR CREMATORY 24d. LOCATION (Oity, toyfi/or county) (State)  AS BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY-OR CREMATORY 24d. LOCATION (Oity, toyfi/or county) (State)  AS BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY-OR CREMATORY 24d. LOCATION (Oity, toyfi/or county) (State)  AS BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY-OR CREMATORY 24d. LOCATION (Oity, toyfi/or county) (State)  AS BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY-OR CREMATORY 24d. LOCATION (Oity, toyfi/or county) (State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  ATER REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  ATER REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS						,		1	
DUE TO (c)  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 HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE  10d. TIME (Mosth)  10d. TIME	ıs heart fallure, asthenia,	I THE TO THE GOODE C	ause (a) statina	) (b)			··		•
Conditions contributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions causing death.  9a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY!  YES NO.  NO.  11a. ACCIDENT SUICIDE  HOMICIDE  11b. PLACE OF INJURY (a.s., to or about bome. farm, factory, street, office bldg., etc.)  11d. TIME (Mouth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WORK NOT WHILE AT WORK AS SIGNATURE  21f. How DID INJURY OCCUR?  22f. Jest Jest Jest Jest Jest Jest Jest Jest	tc. It means the dis- ase, injury, or complica-	the underlying car		) (c)				4/2	22 F
9a. DATE OF OPERATION  1a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  1b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  1c. CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  1c. CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  1c. CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  2c. Indicate (Mouth) (Day) (Year) (Hour) 2le. INJURY OCCURRED WORK (Mouth) (Day) (Year) (Hour) 2le. INJURY OCCURRED AT WORK (Mouth) (Day) (How Did Injury OCCUR?  2c. I hereby certify that I attended the deceased from 23 let., 1951, to 24 let., 1951, that I last saw the deceased alive on 24 let., 1951, and that death occurred at 250 0.4 m., from the causes and on the date stated above.  3a. SIGNATURE (Degree or title) 23b. ADDRESS  4a. BURLAY, CREMA- 24b. DATE (Degree or title) 23b. ADDRESS  4a. BURLAY, CREMA- 24b. DATE (Degree or title) 23b. ADDRESS  4a. BURLAY, CREMA- 24b. DATE (Degree or title) 24c. NAME OF CEMETERY-OR CREMATORY 24d. LOCATION (Oity, toyal/or county) (State) 24c. NAME OF CEMETERY-OR CREMATORY 24d. LOCATION (Oity, toyal/or county) (State) 25c. Funeral DIRECTOR'S SIGNATURE ADDRESS  4a. BURLAY, CREMA- 24b. DATE (Degree or title) 25c. Funeral DIRECTOR'S SIGNATURE ADDRESS  4a. BURLAY, CREMA- 24b. DATE (Degree or title) 25c. Funeral DIRECTOR'S SIGNATURE ADDRESS  4a. BURLAY, CREMA- 24b. DATE (Degree or title) 25c. Funeral DIRECTOR'S SIGNATURE ADDRESS	ion which caused death.	Conditions contril	buting to the death but not	eath. Fro	reture	loss	+ his.		···
1a. ACCIDENT SUICIDE  (Breedly)  (Bour)  (Bour)  (Bour)  (Bour)  (COUNTY)  (STATE)  1d. TIME OF INJURY  (Mouth) (Day)  (Year)  (Hour)  (How Did Injury OCCUR?  (In How Did Injury OCCUR?  (In H	9a. DATE OF OPERA- TION				<del></del>	7		20. AU	OPSY?
AS. BURIAL CREMA- 246. DATE 24c. NAME OF CEMETERY-OR CREMATORY 24d. LOCATION (City, toyth or county)  ASERGE BY LOCAL REGISTRAR'S SIGNATURE 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  22f. How		<u> </u>						<del></del>	NO_E
2. I hereby certify that I attended the deceased from 23 let , 1951, to 24 let , 1951, that I last saw the deceased alive on 24 let , 1951, and that death occurred at /2:00 Am., from the causes and on the date stated above.  3a. SIGNATURE  (Degree or title)  23b. ADDRESS  4a. BURIAL CREMA- 24b. DATE  (Degree or title)  24c. NAME OF CEMETERY-OR CREMATORY  24d. LOCATION (City, toyth or county)  (State)  (State)  (EB. 26, 1951   Let   Location   Loca	SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY ( home, farm, factory, street, c	e.g., in or about office bidg., esc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	(COUN	TY) (S	TATE)
2. I hereby certify that I attended the deceased from 23 lb., 195, to 24 lb., 195 that I last saw the decear alive on 24 lb., 195, and that death occurred at 10:00 Am., from the causes and on the date stated above.  3a. SIGNATURE  (Degree or title)  23b. ADDRESS  4a. BURIAL. CREMA- 24b. DATE  (Degree or title)  23c. DATE SIGNATURE  (Otty, toyal or county)  (State)  (State)  (State)  (State)  (EB. 26, 195)  (REG. The House of Charles of	OF	) (Day) (Year) (	WHILEAT	OTWHILE	21f. HOW DID INJURY	OCCURT			
As. BURIAL CREMA- 24B. DATE 24c. NAME OF CEMETERY-OR CREMATORY 24d. LOCATION (City, toyth or county) (State)  ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  EB. 26, 1951   Local County   Local Count	2. I hereby certify	that I attended t	he deceased from	23Fei	, , , , , , , , , , , , , , , , , , , ,				e deceas
48. BURIAL CREMA- 245 DATE 24c. NAME OF CEMETERY-OR CREMATORY 24d. LOCATION (City, toy) or county) (State)  AND THE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  EB. 26, 1951 her flooring De County (City, toy) or county)	Ba. SIGNATURE	0.01				ne causes a	na on the date		TE SIGNE
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE LAND WITH PES. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS  EB. 26, 1951 her fellowith De Survey Caroline & Dream	Jr1	XA	el m	220	Eldo	als	Jania	My 26	FOA
EB. 26, 1951 per flowton De Da La Louis Carolles of Dread	4a. BURIAL, CREM/ TON, REMOVAL (Special	248. DATE	180 240. NAME	OF CEMETERY	OR CREMATORY	24d. LOCATI	ON (Oity, toyl)	or county)	(State)
E5. 00, 1951 per ott rougen De A Twend Carolling of Sores	ATE REC'D BY LOCA	L REGISTRAR'S	SIGNATURE	wnif	25. FUNERAL DIREC	OR' 8 51	MATURE.	ADDRESS	1
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DIVISITY OF THE RETH OF MO.  District No. 5 - Springfield
Dist. File 337/3-37
Date Filed

STATEMEN	Г ВҮ	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.

Licensed Embalmer No. 4696

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.