u.`		11-	IE DIVISION OF HE	ALTH OF MISS	SOURI			
FILED JUN :	12 1951	STA	ANDARD CERTIF	ICATE OF D	DEATH	State F	ile No	<u> 16301</u>
SIRTH NO.		REG.	DIST. NO. 137	PRIMARY REG. DI	ST. NO. 30	23 Registr	ar's No	76
1. PLACE OF DEA	uth 4enr	ч		a. STATE	SIDENCE (W	bers deceased lived b. COUN	d. If iontity	tion residence before admission).
b. CITY (11 outside ex OR TOWN	rpurate limite, write		township) STAY (in this place	c. CITY (If outside OR TOWN	ie corporate timite.	write BURAL and	eive townshi	0422
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in bospital or	institution.		d. STREET ADDRESS		ire location)  Was	h	e X
3. NAME OF DECEASED	a. (First)	20-21	b./Middle)	c. (Last)	1	OF ( /	Month)	(Day) (Year)
	COLOR OR RACE	7. MAR WID	RIED, NEVER MARRIED, WED, DIVORCED (Specify)			9. AGE (In years)	Monthal D	3 /5-17 EAR   15 tincer 11 hex.
10a. USUAL OCCUPATION	N (Give kind of wor)	10b. Ki	ND OF BUSINESS OR IN-	11. BIRTHPLACE	State or foreign our	<u> 78  </u>	12	. CITIZEN OF WHAT
HOUSE V		'IIn	own Home	1/ Louis	S Co	))) OF WISHAND		LSA_
ALFYAND	ER W	ATT	ELIZALET	HORH	2	rhm		
(Yes, no, or unknown) (If	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN	e Car	ture or NA Gentes	ME Q	ADDRESS
18. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR (	CONDITION DING TO DI		meshe	Exery!			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean	ı							10 201
the mode of dying, such as heart fallure, asthenia;	Morbid conditions, if any, giving DUE TO (b)  rise to the above cause (a) stating the underlying cause last.							• • • • •
ease, injury, or complication which caused death.  11. OTHER SIGNIFICANT CONDITIONS						2 -211		
IS DITT OF OPERA	related to the disease or condition causing death.							, , , , , , , , , , , , , , , , , , ,
TION	ist, MAJOR FIN	<u> </u>	· ·		•	334×	<b>〈</b>	20. AUTOPSY?
21a: ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLAC	EOFINJURY (e.g., in or about factory, street, office bldg., etc.)	21c. (CITY, TOWN,	OR TOWNSHIP)		-	(STATE)
21d. TIME (Month) OF INJURY	(Day) (Year)			21f. HOW DID INJ	URY OCCUR?			
				1957, to _	L - 3			
23a. SIGNATURE	2604	<del>, ,</del>	(Degree or title)	23b. ADDRESS	1	<b>5</b>		3c. DATE SIGNED
TION, REMOVAL (Propily	24b. DATE	<u>~1(_</u>	24c, NAME OF CEMETER	Y OR CREMATORY		,	)	(State)
DATE REC'D BY LOCAL REG	REGISTRAR'S	SIGNATUR	42	25. FLOWERAL DI	ECTOR'S SI	SHATURE	0/20	ess p m
Jame 3-31	10 Tore	<u>nce</u>	(Licensed Embalmer's	tatement on Reverse	Side)	Car (	-	ulan ?
	BIRTH NO.  I. PLACE OF DETA.  a. COUNTY  D. CITY (If outside to OR TOWN  d. FULL NAME OF HOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Type or Print)  5. SEX  6.  FENALE  10a. USUAL OCCUPATION  13a. FATHER'S NAME  AFY AND  15. WAS DECEASED EVE (Yes. no. or unknown) (If  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart fallure, asthenia; etc. It means the disease, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22a. BURIAL CREMATION, REMOVAL Greatly  24a. BURIAL CREMATION, REMOVAL Greatly  15. CREMATURE	BIRTH NO.  I. PLACE OF DEATH a. COUNTY  B. CITY (If outside corporate limits, write OR TOWN  C. FULL NAME OF (If not in bomptal or HOSPITAL OR INSTITUTION)  3. NAME OF DECEASED  (Type or Print)  10a. USUAL OCCUPATION (Give kind of world done during most of working life, even if resired the consequence of the consequ	BIRTH NO. REG.  I. PLACE OF DEATH a. COUNTY  B. RY  b. CITY (If outside corporate limits, write TORAL and TOWN  C. FULL NAME OF (If not in bospital or institution, HOSPITAL OR INSTITUTION 2.3.5 N. WASHINGTON, OR INSTITUTION, OR INSTITUTION 2.3.5 N. WASHINGTON, OR INSTITUTION 2.3.5 N. WASHINGTON, OR INSTITUTION, OR INSTITUTION, OR INSTITUTION 2.3.5 N. WASHINGTON, OR INSTITUTION, OR INSTIT	SIRTH MO.  SIRTH MARRIED.  SINDH MO.  SINDH MARRIED.  SIN MARRIED.  SINDH MO.  SINDH MARRIED.  SINDH MARRIED.  SINDH MARR	SIRTH NO.  SIRTH NO.  REC. DIST. NO. 137  PRIMARY REG. DI  I. PLACE OF DEATH  a. COUNTY  B. RY  b. CITY (II outside corporate limits, write NORAL and give of Control	SIETH NO	STANDARD CERTIFICATE OF DEATH  SHATH NO.  REG. DIST. NO. 137 FRIMARY REG. DIST. NO. 3623 Register  REG. DIST. NO. 137 FRIMARY REG. DIST. NO. 3623 Register  B. CALVE OF DEATH  a. COUNTY HE RY  b. CITY (It outside corporate limits, write NORAL and give to the control of township)  STAY (in the place)  CITY (It outside corporate limits, write NORAL and give to the control of township)  D. CITY (It outside corporate limits, write NORAL and give to the control of township)  d. FULL MAME OF (It set in benefate or insultation, eight witers indiend or township)  3. NAME OF (It set in benefate)  4. OATE  4. OATE  4. OATE  4. OATE  5. SEX  5. SEX  6. COLOR OR RAGE  7. MARRIES, ISSEA MARRIES,	STANDARD CERTIFICATE OF DEATH  2 INTH NO.  2 I. FLACE OF DEATH  3. COUNTY HE N.  3. STATE  3. STATE  4. COUNTY HE N.  4. COUNTY HE N.  5. CITY (If centide corporate limits, write without and give township)  6. CITY (If centide corporate limits, write without and give township)  7. STATE  7. COUNTY HE N.  6. COLOR OF DEATH  8. COUNTY HE N.  6. COLOR OF ROCE  1. STATE  1. STATE  1. STATE  1. COUNTY HE N.  6. COLOR OF ROCE  1. STATE  1. STATE  1. COUNTY (If centide corporate limits, write without of township)  6. CITY (If centide corporate limits, write without of township)  7. COUNTY (If centide corporate limits, write without of township)  8. CALL ARC (If you have not contained of township)  8. CALL ARC (If you have not centiled of township)  8. CALL ARC (If you have not centiled of township)  10. LISUAL OCCUPATION (If we kind of wash)  11. STATE 3 NAME  12. LISUAL OCCUPATION (If we kind of wash)  13. NAME OF (If you have not centiled of township)  14. NAME OF (If you have not centiled of township)  15. LISUAL OCCUPATION (If we kind of wash)  16. WIND OF BUSINESS OF IN (If you have not centiled of township)  16. WAS DECEASED EVER IN (IS ARMED FORCES)  18. CAUSE OF DEATH  19. WAS DECEASED EVER IN (IS ARMED FORCES)  18. CAUSE OF DEATH  19. WAS DECEASED EVER IN (IS ARMED FORCES)  19. CAUSE OF DEATH  19. CAUSE OF DEATH  19. CAUSE OF DEATH  19. MARING (If you give was or date of service)  19. CAUSE OF DEATH  19. MARING (If you give was or date of service)  19. CAUSE OF DEATH  19. MARING (If you give was or date of service)  19. CAUSE OF DEATH  19. MARING (If you give was or date of service)  19. CAUSE OF DEATH  19. MARING (If you give was or date of service)  19. CAUSE OF DEATH  19. MARING (If you give was or date of service)  19. CAUSE OF DEATH  19. MARING (If you give was or date of service)  19. MARING (If you give was or date of service)  19. MARING (If you give was or date of service)  19. MARING (If you give was or date of service)  19. MARING (If you give was or date of you day  19. MARING (If you give was or

## RECEIVED 6-11-51 DISTRICT HEALTH OFFICE No. 3 District File Number Date Filed 6 - 11 - 51

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recor	ded on the reverse side of this certificate was embalmed by me, or by
corking under my personal supervision.	1
	sima J. E. Tonsolue

P. O. Address P. O. Address Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No....

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

the above constitutes grounds for revocation of license.)