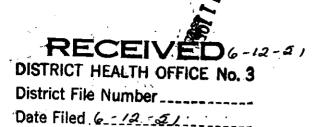
		EALTH OF MISSOURI	
No.300	FILED JUN 13 1951 STANDARD CERTIF	FICATE OF DEATH State File No. 12556	
	BIRTH NO REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 5932 Registrar's No. 186	
}	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before	
800	a. COUNTY Pett 1s	a. STATE Missourit b. COUNTY Pettis decision).	
/_	b. CITY (If outside corporate limits, write RURAL and give OR TOWN [:aMonte (Rural) township)		
. 8	d FILL NAME OF (1) and in houseful as localisation at a street address or location)	d. STREET (If sural, give location)	
RECORD	HOSPITAL OR INSTITUTION	ADDRESS R. F. D. #1	
RE	3. NAME OF a. (First) b. (Middle) DECEASED	c. (Last) 4. DATE (Month) (Day) (Year)	
	(Type or Print) Charles Andrew	Rigtline DEATH 6 5 51	
PERMANENT	5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Bpdcify)	8. DATE OF BIRTH  1-22-1893  9. AGE (In years of UNDER 1 YEAR Months Days Hours Min.	
<b>4</b>	Male White Married		
ERN	done dursing most of working life, even if retired)  Tariner  Agriculture	II. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? A.	
р.	13a. FATHER'S NAME 13b. MOTHER'S MAIDEN	N NAME 14. NAME OF HUSBAND OR WIFE	
₹	George Fistline Sarah Gr	oshong Jessie Cole Bistline	
<b>H</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes, give war or dates of service) NO.		
MAKE	(If yee, give war or dates of service) None	Mrs Jessie C. Pistline LaMonte I	
T	I IO. CAOSE OF DEATH	CERTIFICATION INTERVAL BETWEEN	
INK	Enter only one cause per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a)	mary Occlusion Stilles	
CK	*This does not mean ANTECEDENT CAUSES	neralized arteriosclerosis unbuay	
BLA	the mode of dying, such as heart failure, asthenia, rise to the above cause (a) stating the distinct of the underlying cause last.	The state of the s	
	ease, injury, or complica-		
ADING	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	ione hopmentona o mana	
[A]	19a. DATE OF OPERA-   19b. MAJOR FINDINGS OF OPERATION : : .	4.2 1.5 1.7 2.3 1.3 1.3 1.3 1.3 1.20, AUTOPSY?	
UNE	TION	4/20/ YES NO [	
	21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE home, farm, factory, street, office bldg., etc.)		
ž. I	SUICIDE home, farm, factory, street, office bldg., etc.) HOMICIDE	Martin Park Athan and American	
USING	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	2tf. HOW DID INJURY OCCUR?	
	OF WHILE AT NOT WHILE WORK AT WORK	The second secon	
L.Y	22. I hereby certify that I attended the deceased from T Fall	M19 51, to 5 June 1951, that I last saw the deceased	
PLAINLY S	alive on 30 may, 19 5], and that death occurred of 3.05 A m., from the causes and on the date stated above.		
- Z	232-EIGNATURE ((Degree or title)	236. ADDRESS VIZZO Chicoline belata 5/41.2200	
VRITE	24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETER 100, REMOVAL (Breakly) 6-7-51 Lalionte	1 ml 1 m 4 m 3 m	
<b>₹</b> 2		femeter v [ LaMonte Mo.	
	DATE REC'D BY LOCAL REDISTRANTS SIGNATURE	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
- <u>[</u>	(Cicensed Embalmer)	Statement on Reverse Side)	



## \_\_\_\_

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me,	or by
	Student Embalmer No	
vorking under my personal supervision.		

working under my personal supervision.

Signed Paul M. Morre

Licensed Embalmer No. 3923

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.