	THE DIVISION OF HEALTH OF MISSOURI								
No.300 10-48	FILED JUL 30	1951	STANDARD		ICATE OF DEA		State File No	22066	
	BIRTH NO		REG. DIST. NO	<u> 42 </u>	PRIMARY REG. DIST.	NO. 1000	Registrar's No.	767	
117	a. COUNTY BUC	гн hanan			2. USUAL RESID	ENCE (Where decen	o. COUNTYBU	ritution: residence before chanan	
	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF TOWN St. JOSEph, township) STAY(in this rises)			c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN St. JOSEPH, MO. 0//7					
RECORD	d. FULL NAME OF CHAINS OF THE HOSPITAL OR 1NSTITUTION 914 NO. 3rd St.				d. STREET (If rural, give location) 914 NO. 3rd.				
	3. NAME OF DECEASED (Type or Print)	Joseph	b. (Midd) Shee		c. (Last) Alley	4. DATE OF DEATH	July 1	14, 195 (Year)	
PERMANENT	5. SEX 0 6. C	OLOR OR RACE W.	7. MARRIED, NEVER M WIDDWED, DIVORCE WIOOWEU	ARRIED, D (Bpediy)	8. date of Birth March 5,	1862 9. AGE	(In years F DOER thday) Months	Days Hours Min.	
ERM	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR IN- Widowed DUSTRY Sawmill Opr		11. BIRTHPLACE (State or foreign country) N. Carolina		/	12. CITIZEN OF WHAT COUNTRY? AM. U.S.A	
₩ .	13a. FATHER'S NAME		13b. MOTHER			14. NAME OF HU	SBAND OR WIF		
B	Thomas A			iet s		Lavin			
MAKE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT (Yee, no, or unknown) (If yee, give war or dates of service) NO			NO.	T. R. Alley 518 No. 19			ADDRESS	
INK—I	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Inter on (a), (b), and (c) Inter on (a), (b), and (c) Inter on (a), (c), and (c) Inter on (a), (d), (d), (d), (e)						interval between onset and death 2 weeks		
CK 1	*This does not mean ANTECEDENT CAUSES								
BLAC	the mode of dying, such as heart fallure, asthenia, etc. It means the disease, injury, or compileation. DUE TO (c)							- 1.11.11274-	
								-	
	tion which caused death.		ICANT CONDITIONS uting to the death but not see or condition causing deat	terioscleroti	ic Heart Di	sease	Unknown		
UNFADIN	TION .	19b. MAJOR FIND	INGS OF OPERATION			491	χ	20. AUTOPSY1	
	21a, ACCIDENT (Specify) SUICIDE HOMICIDE 21b, PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)	
PLAINLY—USING	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WOR								
INL	22. I hereby certify that I attended the deceased from 3-17-, 1651, to 7-11,, 1951, that I last saw the deceased alive on 7-3, 1951, and that death occurred at 5 m., from the causes and on the date stated above.								
	23a. SIGNATURE	German	m = m			Janes St	4	23c. DATE SIGNED	
WRITE	24a. BURIAL, CREMA-	July 16	/51 7 las	Sen	Y OR CREMATORY	248. LOCATION (OI	y, town, or cour	nty) (State)	
	July 23, 1951	REGISTRAR'S S	GNATURE C. C.	C. 13	25. FEMERAL DIRECT	Barry &	76	DONESS /	
	-0 /		(Licensed E	mbalmer's 5	tatement on Reverse Sid	(e)	0		

STATEMENT BY 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.	Student Embalmer No.
_ • • • •	ictor Barry

Student Embalmer

P. O. Address P. O. Address No.

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

the above constitutes grounds for revocation of license.)

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