1. PLACE OF DEATH a. COUNTY  D. CITY (If contribe corporate limits from BURAL and give of STAY (in obtaination) of STAY (		THE DIVISION OF HEA	NLTH OF MISSOURI	
1. PLACE OF DEATH  a. COUNTY  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give diversity)  D. CTY (If credited corporate limiting Fifth RURAL and give limiting Fifth RURAL RUR	FILED JUL 31 1951	STANDARD CERTIF	ICATE OF DEATH	State File No. 22862
1. PLACE OF DEATH  a. COUNTY  b. CITY (If which corporate Back Nine RUBAL and give to synthetic)  TOWN JACKS OF (If not is) benchal or inseptition give a local school of the synthetic)  d. FULL MABE OF (If not is) benchal or inseptition give a local school of the synthetic of the state of t	TN MO	REG. DIST. NO. 137.	RIMIRY REG. DIST. 10. 5511	_ Registrar's No. 11.0
OR TOWN JULY AND COLUMN STAY (the chis public of the chis public of th				decembed lived. If institution: substance   nd-mi
HOSPITAL OR JULIAN ADDRESS  ANAME OF B. (First) B. (Middle) C. (Last) 4. DATE (Month) (Day) (Y. DECTRASED (Type or Print) A P. J. D. (Middle) B. (Day) (Y. DECTRASED (Type or Print) A P. J. D. (Middle) C. (Last) D. AVT (DATE (Month) (Day) (Y. DECTRASED (Type or Print) A P. J. D. (Middle) B. (Married) B.	OR -7 , A   A	toynable) STAY (in this place)	OR //////	RUBAL and stree townships of
5. SEX 6. COLOR OF RAGE 7. MARRIED, NEVER MARRIED, WIDOWED Property 100. LISUAL OCCUPATION (Gleve kind of work done of work done of working life, even if retired) 10b. KIND OF BUSINESS OR IN. DUSTRY 11. BIRTHPLACE (State or topsign country) 12. CITIZEN OF COUNTRY?  13a. FATHE'S NAME 13ab. STATES SHOWN 11. BIRTHPLACE (State or topsign country) 12. CITIZEN OF COUNTRY?  13b. MAS DECEASED EVERIN U.S. ARMED FORCES? 16. SOCIAL SECURITY/ 17. INFORMANT'S SUNATURE OR NAME ADDRE 18. CAUSE OF DEATH Enter only one cause (or six was a constitution of directly Leading to Death" (a) MYOCARDITS  11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH" (a) MYOCARDITS  11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH" (a) MYOCARDITS  11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH" (a) DUE TO (b) HYPERTENTION ONSET AND DUST AND	HOSPITAL OR MINSTITUTION	pition give stage address or sociation)	d. STREET (II rural, give lo	cation)
S. SEX   6. COLOR OF RAGE   7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (ILV years)   170men i tran		Tac-		ATH LILL ZTIOI
13a   FATHER'S MAME   14   NAME OF HUSBAND OR VIFE	177. 0 Militar	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Specify)	8 DATE OF BIRTH 9. A	GE (1) years 17 Under 1 YEAR of Under M t bignday) Months Days Hours 1
15. WAS DECEASED EVER (N U.S. ARMED FORCES?   16. SOCIAL SECURITY   17. INFORMANT'S SYGNATURE OR NAME   ADDRE (Yee. no. or unknown)   (15 fee. sive wat or lates of service)   16. SOCIAL SECURITY   17. INFORMANT'S SYGNATURE OR NAME   ADDRE (Yee. no. or unknown)   (15 fee. sive wat or lates of service)   18. CAUSE OF DEATH   Enter only one-cause per lime for (a), (b), and (c)		Ob. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State or topolen country	MOO 12. CITIZEN OF W
18. CAUSE OF DEATH Enter only one cause per line for (s), (b), and (c)  *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) MYOCA ROITS  ANTECEDENT CAUSES  Medical Certification  Myoca Roits  Myoca R	muel I. Olis	and Relica	J. Mosoly Thes	u Oliphant
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  DUE TO (c) ARTERIO SCIEROSIS  DUE TO (c) ARTERIO	VAS DECEASED EVER IN U.S. ARMED FO	Mone	grace alista	ut Chuten ma
This does not mean the mode of dying, such as heart failure, asthenia, steet the above cause (a) stating the underlying cause last.  DUE TO (b) HYPERTENTION  Morbid conditions, if any, giving DUE TO (b) HYPERTENTION  Ties to the above cause (a) stating the underlying cause last.  DUE TO (c) ARTERIOSCIEROSIS  DUE TO (c) ARTERIOSCIEROSIS  DYR  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  TION  20. AUTOPSY  YES X  10. TIME (Mostle) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	er only one cause per   I. DISEASE OR CO		ENTIFICATION  ARDITIS	INTERVAL BETWONSET AND DE
Case, injury, or complication which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but mot related to the disease or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but mot related to the disease or condition causing death.  IPa. DATE OF OPERA-TION  IPA. ACCIDENT SUICIDE HOMICIDE  (Specity)  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE 21d, TIME (Mostle) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	node of dying, such Morbid conditions, eart failure, asthenia, rise to the above care	t any giving DUE TO (b)		3YR
related to the disease or condition causing death.  19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE bome, farm, factory, street, office bidg., etc.)  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	injury, or complica-	DUE TO (c)	RIERIOSCIER	OSIS DYR
TION  21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	Conditions contributed to the diseas	ng to the death but not or condition causing death.		
SUICIDE home, farm, factory, street, office bidg., etc.) HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	DATE OF OPERA-19b. MAJOR FIND	IGS OF OPERATION	18 18 18 82 82 18 18 18 18 18 18 18 18 18 18 18 18 18	143×   20. AUTOPSY?
	ACCIDENT (Specify) 2 SUICIDE b HOMICIDE	). PLACE OF INJURY (e.g., in or about ne, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY) (STATE)
OF INJURY TO WHILE AT WORK AT WORK	TIME (Month) (Day) (Year) (H OF NUURY	WHILEAT NOT WHILE	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2005., 1949, to July, 1951, that I last saw the deceased not be alive on 1951, and that death occurred at 19.05 pm., from the causes and on the date stated above.	I hereby certify that I attended the alive on	deceased from		951, that I last saw the decei on the date stated above.
	SIGNATURE O Hugh B. Iv		23b. ADDRESS	23c. DATE SIGN 96 July 19
24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (St. 100 REMOVAL (Specific)) (Lily 27 51 Wrich Cemetry United Mo		51 Wrich	or CREMATORY 24d. LOCATION	(City, town, or county) (State
July-26-51 Florence adam & Valuant Clinton, m	E REC'D BY LOCAL PREGISTRAR'S SI	ce adave 3	Tailans	r. Clinton, mo
(Licensed Embalmer's Statement on Reverse Side)		(Licensed Embalmer's S	tatement on Reverse Side)	

RECEIVED 7-30 DISTRICT HEALTH OFFICE No. 3 District File Number Date Filed 2-30-5/-

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certific	cate was embalmed by me, or by
Yorking under my personal supervision	dent Embalmer No.

Signed R. R. Henry

Licensed Embaimer No. 30 59

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.