SIRTH NO. STATE ST	HENEER 10.	100-			ALTH OF MISSO			598	6
1. PLACE OF DEATH 2. COUNTY Pettis 5. CITY (if coulds corporate limits, write RURAL and etre. Or RURAL and	To LED 19	1952	STAND	ARD CERTIF	ICATE OF DE	ATH	State File No		
1. PLACE OF DEATH 2. COUNTY Pettis 5. CITY (if coulds corporate limits, write RURAL and etre. Or RURAL and	BIRTH NO		REG. DIST.	NO. 274		. но.05 <i>935</i>	Registrar's No.	42	*********
D. CITY of code to reparted inflate. From RURAL and give township) TOWN Sedalia, rural G. FULL NAME OF (if one is benefit of residuations, give stores address or location) G. FULL NAME OF (if one is benefit of residuations) G. FULL NAME OF (if one is benefit of residuations) INSTITUTION Beuna Vista Home 3. NAME OF (if one is benefit of residuations) S. SEX (if it) Male G. COLOR OR RACE (7. MARRIED, NEVER MARRIED,		АТН		7	2. USUAL RESI	DENCE (Where dec	sased lived. If in	titution: resident	
TOWN Sedalia, rural community EMP (in this plant) d. FULL NAME OF (if as to be begit of relativistics, circ stores address or location) MINITIONION Beuna Vista Home 3. NAME OF (if as to begit of relativistics, circ stores address or location) DECEASO (Type or Print) 4. DATE (Month) (Day) (Year) DECEASO (Type or Print) Albert (G. Lant) Male (Notth) (Day) (Year) S. SX (A to Color or RACE (Impedity) S. SX (A to Color or RACE (Impedity) Male (Notth) (Day) (Year) Male (Notth) (Day) (Year) (Month) (Day) (Year) Male (Month) (Day) (Year) (Month)	a. COUNTY Pe	ttis			a. STATE Mis	souri	b. COUNTY Pe	ettis "	inimion)
TOWN Sedalia, rural Death of Host begins or institution, after street address or location) d. FULL NAME OF CIT toot begins or institution, after street address or location) d. FULL NAME OF CIT toot begins or institution beautiful district dis	b. CITY (If outside of	orporate limits, write	RURAL and give	c. LENGTH OF	c. CiTY (If outside or	orporate limits, write RI	JRAL and give town	naprio)	
d. FULL NAME OF It may be begind or leadable of the state address or location (It mail, size boarders) 3. NAME OF LANGE	TOWN Seda.	<u>lia, rura</u>	al _ ~~	Few MON	Town Seds	lia, rura	<u>al</u>	080	
3. NAME OF DECEASED (Type or Print) A Dert G. CLISTY) A Libert G. SEX Male White White	d. FULL NAME OF HOSPITAL OR	(If not in bospital or	institution, give str		ADDRESS			G	_
(Type or Print) Albert G. Winfrey 5. SEX J 6. COLOR OR RACE Male White Minted Minted Minted White Minted Minte	INSTITUTION]	<u>Beuna Vi</u>	sta Home	3	∥ Beı	u na Vista	Home		
(Type or Print) Albert G. SCEND OR RACE Nale Nale Nhite No. SUAL COCUPATION (Give blad of voic) 'Farmer', retired 10a. USUAL COCUPATION (Give blad of voic) 'Farmer', retired 10b. Wintre 10b. Wintre 10a. Farmer's Made 10b. Wintre Nancy Jane 10b. KIND OF BUSINESS OR IN: Agriculture Nancy Jane Nancy Jane Nancy Jane Nancy Jane Nancy Jane None No.	3. NAME OF DECEASED	a. (First)	:	b. (Middle)	c. (Last)	4. DAT	E (Month)	(Day) (Y	ear)
Male White Widowed Separate Name 102. USUAL COCUPATION (Cive bied of work) 103. Widowed Separate Name 103. USUAL COCUPATION (Cive bied of work) 103. Widowed Separate Name 103. Widowed						DEAT	н Feb 10		
10a. USUAL OCCUPATION (circ binded work 10b. KIND OF BUSINESS OR IN PAYMED FOR MARKED FOR MARKE	_ 0 ;		7. MARRIED. WIDOWED, Widov	NEVER MARRIÉD, DIVORCED (Brecity) / VOCI	8. DATE OF BIRTH	last bi	irthday) Months	Days Hours	
Sa. Father's Name	10a. USUAL OCCUPATI	ON (Give kind of work	10b. KIND OF	BUSINESS OR IN-			//	12. CITIZEN O	F WHAT
13b, MOTHER'S NAME	Farmer.	retired	Agric		1			COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES; 16. SOCIAL SECURITY NO. NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY NO. NO. 18. CALSE OF DEATH 18. Winfrey, Sedalia, Mo. 18. CALSE OF DEATH 18. Winfrey, Sedalia, Mo. 18. CALSE OF DEATH 18. CALSE	3a. FATHER'S NAME		13ь.	MOTHER'S MAIDEN	NAME	14. NAME OF H	USBAND OR WIF		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (No. 10) Towns on the was a contribution of services of the mode of dring, such as heart failure, asthenia. 18. CAUSE OF DEATH (a) ANTECEDENT CAUSES MOTOR Of OPERA: 150. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERA: 150. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERA: 150. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Mossib) 150. MAJOR FINDINGS OF OPERATION 21b. MAJOR FINDINGS OF OPERATION 21c. If many (Mossib) 150. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT (Mossib) 21d. Time (Mossib) 150. MAJOR FINDINGS OF OPERATION 21d. Time (Mossib) 21d. Time (Mossib) 22d. Time by certify that I attended the deceased from Major Maj	John Wini	frey	Nε	ncy Jane		Mary J	ane Care	an	
NO NONE 500-10-6247 H. E. Winfrey, Sedalia, Mo MEDICAL CERTIFICATION INTERVAL BETWEEN Enter only one cause per line for (a), (b), and (c) "This does not meen the mode of dying, such the direct of the above cause (a) stating the to the above cause (a) stating the underlying couse leaf. Morbid conditions, if any, giring DUE TO (b) II. OTHER SIGNIFICANT CONDITION DUE TO (c) III. OTHER SIGNIFICANT CONDITION III. OTHER SIGNIFICANT CONDITION DUE TO (c) III. OTHER SIGNIFICANT CONDITION TION 190. MAJOR FINDINGS OF OPERATION TION 210. AUTOPSY? YES NO Z 211. PLACE OF INJURY (s.e., in or about MILLER TO TOWNSHIP) DUE TO (C) 212. I. ACCIDENT SUICIDE 191. MAJOR FINDINGS OF OPERATION TION 213. PLACE OF INJURY (s.e., in or about MILLER TOWN OR TOWNSHIP) DUE TO (C) 114. THE (Month) (Day) (Year) (Hour) TOWN WHILE TOWN OR TOWNSHIP) 215. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 216. (IME (Month) (Day) (Year) (Hour) TOWN WHILE TOWN WHILE TOWN OR TOWNSHIP) 217. THOW DID INJURY OCCUR? WHILE AT (MORTH) NOT WHILE TOWN WHILE TOWN OR TOWNSHIP) 218. SIGNAPOR 219. Thereby certify that I attended the deceased from the deceased of the date stated above. 219. Thereby certify that I attended the deceased from the date stated above. 229. SIGNAPOR 221. SIGNAPOR 224. NAME OF CEMETERY OR CREMATORY TOWN SERVAR SIGNATURE 224. NAME OF CEMETERY OR CREMATORY TOWN SERVAR SIGNATURE 224. NAME OF CEMETERY OR CREMATORY TOWN SERVAR SIGNATURE 225. SUBSERIAL DIRECTOR SO GANTURE 226. SIGNATURE 227. SUBSERIAL DIRECTOR SO GANTURE 227. DATE SIGNATURE 227. SUBSERIAL DIRECTOR SO GANTURE 228. SIGNATURE 229. DATE SIGNATURE 220. DATE SIGNATURE 221. SUBSERIAL DIRECTOR SO GANTURE 220. DATE SIGNATURE 221. SUBSERIAL DIRECTOR SO GANTURE 221. SUBSERIAL DIRECTOR SO GANTURE 224. LOCATION (City, town, or county) STATE SIGNATURE 226. SUBSERIAL DIRECTOR SO GANTURE 227. SUBSERIAL DIRECTOR SO GANTURE 228. SIGNATURE 249. SUBSERIAL DIRECTOR SO GANTURE 240. LOCATION (City, town, or county) STATE SO GANTURE 241. SUBSE			a of soculos)	NO.		'S SIGNATURE	OR NAME	ADDR	ESS
MEDICAL CERTIFICATION INTERVAL BETWEEN Chater only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such a hortifolius, attentia, it tet. It means the dis- tet on the obsection white caused death. 19a: DATE OF OPERA- TION 21a. ACCIDENT SUICIDE 19a: ACCIDENT SUICIDE 19b: MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (a.g., in or about Monkicide) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Mostb) (Day) (Year) (Bour) 21e. INJURY OCCURRED MEDICAL CERTIFICATION MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH OTHER to to the double on death on the death but not on the de		None	50	<u> 00-10-6247</u>	H. E. Wir	frey, Sec	dalia. M	0	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which coused death. 19a: DATE OF OPERATION 19a: DATE OF OPERATION 19b: MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (s.e., in er about SUICIDE HOMICIDE 21c. INJURY OCCURRED INJURY 21d. Math (Day) (Year) (Hour) 21e. INJURY OCCURRED INJURY 22. A In Febry certify that I attended the deceased from the winder in the death occurred at alive on the stated of the death occurred at alive on the stated of the death occurred at 1 ft. m., from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE 22c. NAME OF CEMETERY OR CEMETER	Enter only one cause per	I. DISEASE OR O		MEDICAL O	CERTIFICATION	ua		INTERVAL BE	
19a. DATE OF OPERATION TION 20. AUTOPSY? YES NO 21a. ACCIDENT SUICIDE SUICIDE Home, farm, factory, street, office bidg., eac.) HOMICIDE 21d. TIME OF INJURY MORK 21e. INJURY OCCURRED WHILE AT WORK 22lf. HOW DID INJURY OCCUR? 22lf. How DID	the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid condition rise to the above the underlying co	ns, if any, giving cause (a) stating use last. IFICANT CONDIT	DUE TO (c)	estwed.	-			
TION 21a. ACCIDENT SUICIDE HOMICIDE ACCIDENT SUICIDE ACCIDENT (Specify) ACCIDENT (STATE)								20 AUTORCS	,,
21a. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (s.e., in or about SUICIDE HOMICIDE (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WHILE AT WORK AT WOR	TION	190. MAJOR FIN	IDINGS OF OPER	MION					[]
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR? WHILE AT WORK AT	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)			21c. (CITY, TOWN, OF	TOWNSHIP)	(COUNTY)		
alive on 48 -, 1921, and that death occurred at 11 ft m., from the causes and on the date stated above. 23a. SIGNAPORE (Degree or title) (Degre	OF) (Day) (Year)	WHILE.		21f. HOW DID INJUR	Y OCCUR?			
23a. SIGNAPURE (Degree or title) 23b. ADDRESS 24a. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL Feb 11, 1952 Houstonia Cemetery Who Houstonia, Mo. DATE REC'D BY LOCAL REGISTRAT SIGNATURE 25. FURRAL DIRECTOR'S SIGNATURE 26. ADDRESS 27. 12/52 28. PART SIGNATURE 28. DATE SIGNATURE 29. DATE SIGNATURE 29. ADDRESS 29. ADDRESS 20. DATE SIGNATURE 21. DATE SIGNATURE 22. FURRAL DIRECTOR'S SIGNATURE 25. FURRAL DIRECTOR'S SIGNATURE 26. DATE SIGNED 27. DATE SIGNED 28. DATE SIGNED 29. DATE SIGNED 20. DATE SIGNED 20. DATE SIGNED 20. DATE SIGNED 21. DATE SIGNED 22. DATE SIGNED 23b. ADDRESS 24c. DATE SIGNED 25. FURRAL DIRECTOR'S SIGNATURE 26. DATE SIGNED 27. DATE SIGNED 28. DATE SIGNED 29. DATE SIGNED 20. DATE SIGNED 21. DATE SIGNED 22. DATE SIGNED 24. DATE SIGNED 25. FURRAL DIRECTOR SIGNATURE 26. DATE SIGNED 27. DATE SIGNED 28. DATE SIGNED 29. DATE SIG	22. I hereby certify alive on	that I atlended	the deceased f	rom June 1	II from				eased
Durial Feb 11. 1952 Houstonia Cemetery Houstonia, Mo. Date rec'd by Local Registrar Tsignature 2/12/52 REG. 2/12/52 REG. ADDRESS 2/12/	23a. SIGNATORE	Sua	vely	(Degree or title)	236./ADDRESS	ein	mo	1 4	GNED
2/12/52 REG. Signature 25. Futeral director's ignature address 2/12/52 REG. Signature Address	24a. BURIAL, CREMATION, REMOVAL (Bredts	24b. DATE	1 1					nty) (St	ate)
	DATE REC'D BY LOCA	L REGISTRAR		Um D	25. FULERAL DIRE	CTOR' SOI GNATU	RE A		
	E/ 1E/ 3E	241-0	mythi	capuly	man		Qual.	La, NiO	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of th	is certificate	e was embalm	ned by me, or by_	
	, Stude	nt Embalmer	No	*************
working under my personal supervision.) "	1 .		

Student Embalmer

Student Embalmer

Licensed Embalmer No. 2419

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

the above constitutes grounds for revocation of license.)

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