'.S. No.300 1 'Ev. 10.48	JUL 14 1952" THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH  State File No								
	BIRTH NO		REG. DIST. NO. 137	PRIMARY REG. DIST. NO.		No. 4(			
0422	b. CITY (If outside corp. OR TOWN	rry	township) STAY_(inghis place)	c. CITY (If outside corporate OR TOWN	E (Where degeased lived. If b, COUNTY limits, write RURAL and give	Institution: Fresidence before admission).			
RECORD	d. FULL NAME OF (II HOSPITAL OR INSTITUTION	velyel_	Hospital clin	d. STREET (III) ADDRESS	ural, give location)	- 17 M			
	3. NAME OF B DECEASED (Type or Print)	(First)	Silliam Ear	l Hanes	4. DATE (MODIL) OF DEATH	(Day) (Year) 9-1952			
PERMANENT	male U 4	oLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Secily)	January 11	94/2 h. Mos	the Days Hours Min.			
PERM	10a. USUAL OCCUPATION done during most of porking	(Give kind of work life, each if retired)	10b. KIND OF BUSINESS OR IN-	MI. BIRTHPLACE Grate or fore	es Co, Mo.	12. CITIZEN OF WHAT COUNTRY?			
. 4	13a. FATHER'S NAME	<u> </u>	136. MOTHER'S MAIDEN		NAME OF HUSBAND OR	WIFE .			
MAKE	IS. WAS DECEASED EVER (You, no, or unknown) (If yo	IN U.S. ARMED FO	RCES?   16. SOCIAL SECURITY	[	GNATURE OR NAME	ADDRESS			
INK	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)  ONS  ONS  ONS  ONS  ONS  ONS  ONS  ON								
BLACK	This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the dis- ease, injury, or complica- tion which caused death.	ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)							
DIN		II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.							
UNFADING	19a. DATE OF OPERA- TION	96. MAJOR FINDI	NGS OF OPERATION	Burgar to the second	5501	. 20. AUTOPSY?			
USING	21a. ACCIDENT (8 SUICIDE HOMICIDE		b. PLACE OF INJURY (e.g., in or about me, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWN	ISHIP) (COUNTY	(STATE)			
[sn	21d. TIME (Mooth) (Day) (Ymar) (Hour) 21e. INJURY OCCURRED OF NOTWHILE AT NOTWHILE WORK AT WORK								
PLAINLY	22. I hereby certify that I attended the deceased from July 7, 1952, to July 9, 1952, that I last saw the deceased alive on July 9, 1952, and that death occurred at 1,300 m., from the causes and on the date stated above.								
	23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 23c. DATE SIGNED 23c. DATE SIGNED 23c. DATE SIGNED								
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Beedly)	July 11-		y or crematory 216. i	ar Sarden	tty mo			
	DATE REC'D BY LOCAL REG.	REGISTRAR'S SIG	ence (1200 Com	Compage DIRECTOR	Brothers a	ichia Wo			
	0 1		(Licensed Embalmer's S	tatement on Reverse Side)		<del></del>			

STATEMENT BY LICENSED EMBALMER						
I hereby certify that the body whose name is recorded or	on the reverse side	of this certificate was emb	almed by me, or by			
			er Wo			
working under my personal supervision.	_	01.	· · · · · · · · · · · · · · · · · · ·			
	4	Thurs In	A second			
Student Student Embalmer	Signed.	inga vou	Janoan			
		Licensed Embalmer	No 3 9 2 0			
		P. O. Addres	essissie Ilo			
Note: The above MUST BE SIGNED BY THE LIC	ENSED EMBALI	MER in his OWN MANDY	VRITING. (Failure to comply with			
he above constitutes grounds for revocation of license.)	•	_	1			
If this body is not embalmed, fact should be so stated	above.		Mo,			