THE DIVISION OF HEALTH OF MISSOURI No. 300 STANDARD CERTIFICATE OF DEATH State File No BIRTH NO Registrar's No I. PLACE OF DEATH RESIDENCE (Where deceased lived. If institution: residence before a. COUNTY a. STATE b. COUNTY admission). b. CITY: (If outside corporati LENGTH OF c. CITY (If outs URAL and give corporate limits, write RURAL and give township) STAY (in this place) township) TOWN a/RO TOWN RECORD d. FULL NAME OF d. STREET (If not in hospital or institution, give street address or location) HOSPITAL OR **ADDRESS** INSTITUTION 3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) 4. DATE (Month) (Day) (Year) (Type or Print) PERMANENT DEATH 9. AGE (In years) IF INDER 1 YEAR 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months (0 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN-12. CITIZEN OF WHAT or foreign country) done during most of working life, even if retired) COUNTRY OF HUSBAND OR WIFE FATHER'S NAME DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (If yee, give war or dates of service) MEDICAL CERTIFICATION INTERVAL BETWEEN 18 CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ONSET AND DEATH Enter only one cause per line for (a), (b), and (c) ANTECEDENT CAUSES *This does not mean Morbid conditions, if any, giving DUE TO (b) the mode of dying, such rise to the above cause (a) stating the underlying cause last. as heart failure, asthenia, etc. It means the disease, injury, or complica-II, OTHER SIGNIFICANT CONDITIONS tion which caused death. Conditions contributing to the death but not related to the disease or condition causing death 19b! MAJOR FINDINGS OF OPERATION: .: 20. AUTOPS 19a. DATE OF OPERA-TION 21a. ACCIDENT SUICIDE (COUNTY) 21b. PLACE OF INJURY (e.g., in or about 21c. (CITY, TOWN, OR TOWNSHIP) (STATE) (Specify) USING home, farm, factory, street, office bldg., etc.) HOMICIDE 21d. TIME (Month) (Year) # (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Day) OF INJURY WHILE AT NOT WHILE WORK AT WORK that I last saw the deceased 22. I hereby certify that I attended the deceased from . 19 32 and that death occurred at from the causes and on the date stated above. 234 SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED WRITE Z4c. NAME OF CEMETERY OR CREMATORY 24a, BURIAL, CREMA-24d, LOCATION 24ь. (State) 1 ADDRESS (Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

| | Student Embalmer No. |
|--|----------------------------|
| working under my personal supervision. | Signed L. E. Comoluv. |
| Student Embalmer | Licensed Embalmer No. 1891 |
| | P. O. Address Climton mo |

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.