No.300		•	ILTE DIAL	301 01 112	VIH OF WISSC	- U.I.		とわわれ カ
10.48	PALED AUG	0.0 40 m≥	STANDA	RD CERTIF	ICATE OF DE	ATH	State Filc No	
-A)	В В В В В В В В В В В В В В В В В В В	c 9 1957	_ REG. DIST. N	o. 169	PRIMARY REG. DIST	r. no. 4262	Registrar's No	45
570	1. PLACE OF DEA	тн			2 USUAL RESI	DENCE (Where dece	eed lived. If insti	tution: residence before
4	a. COUNTY	Knox			a. STATE Mu	ssouri !	. COUNTY	adminion).
	b. CITY (If outside so OR TOWN	rpurate limite, unite R	tURAL and give township)	c. LENGTH OF STAY (In this place)	c. CITY (If outside of OR TOWN	porpogate limita, write RU	LAL and give towns	1520
RECORD	d. FULL NAME OF (HOSPITAL OR INSTITUTION	Il not impospitation in	anaema	address for location)	d. STREET ADDRESS	(If fural, give location	a) /	0
	3. NAME OF DECEASED (Type or Print)	i. (First) MARト	, A	LiCF	ANDER	SON 4. DATE OF DEATH	0 -	(Day) (Year) -21-/957
NEN	5. SEX F / 6.	COLOR OR RACE	7. MARRIED, NEW	VER MARRIED, VORCED (Speedly)	8 PATE OF BIRTH	9. AGE	In years DOCK bday) Souther	TEAR F BROER 21 HES. Days Hours Min.
PERMANENT	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ilie, even if retired)	10b. KIND OF B	USINESS OR IN-	II. BIRTHPLACE	City and State or Foreign	ra Country)	12. CITIZEN OF WHAT COUNTRY?
. [a. 4	13a. FATHER'S NAME	Paner	13b MO	THER'S MAIDEN	NAME OF IN	14 NAME OF HU	SBAND OR WYE	raen
M .	.15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? I 6. SO	CIAL SECURITY	17. INFORMANT	C'S SIGNATURE	OR NAME	ADDRESS
MA'R	(Yee, no, or unknown) (II	yes, give war or dates	of service)	NO.	Willie F	anderso	2 Edin	a, Mo.
	18. CAUSE OF DEATH			MEDICAL C	ERTIFICATION	h	• • •	INTERVAL BETWEEN ONSET AND DEATH
Ink	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	ONDITION PING TO DEATH*(a)	_ch	one 1	ugaca	dition	10 years
	Interior (E), (D), End (C)		•••					
CK	*This does not mean	ANTECEDENT C		E TO (b)		0		
BLA	the mode of dying, such as heart failure, asthenia,	I THE SO SAE GROOF C	e, if any, giving DUI nause (a) stating		e e e e e e			
Ä	etc. It means the dis-	the underlying car		E TO (c)		_		•
	case, injury, or complica-	1			. 0			
Ģ	tion which caused death	I II OTHER SIGNI						
DING	tion which caused death.	II. OTHER SIGNI Conditions contri related to the disea	buting to the death bu	t not 🥒	arthu	<u> </u>		<u> </u>
NFADING	tion which coused death. 19a: DATE OF OPERATION	Conditions contrib	buting to the death bu	it not ing death.	uthu	4-2	2.2	20. AUTOPSY?
UNFADING	19a: DATE OF OPERATION	Conditions contril related to the disea	buting to the death buse or condition causi DINGS OF OPERAT	it not ing death.			2.2	YES NO 🔯
; UNFADIN	19a: DATE OF OPERA-	Conditions contri- related to the disea 190. MAJOR FIN	buting to the death bu use or condition causi	it not ing death. FION JRY (e.g., in or about	21c. (CITY, TOWN, C		(COUNTY)	
-USING UNFADING	19a: DATE OF OPERATION 21a. ACCIDENT SUICIDE	Conditions contril related to the dises 190. MAJOR FIN	buting to the death busse or condition coust DINGS OF OPERAT 21b. PLACE OF INJU home, farm, fastory, st	it not ing death. FION JRY (e.g., in or about		OR TOWNSHIP)	(COUNTY)	YES NO X
USING UNFADIN	19a: DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) OF INJURY	Conditions contril related to the disease 190. MAJOR FIN. (Bpecity) (Day) (Year)	buting to the death busine or condition causi DINGS OF OPERAT 21b. PLACE OF INJU home, farm, fastory, et (Hour) 21e. INJU WHILE AT WORK	If not long death. JRY (e.g., in or about rest, office bidg., etc.) URY OCCURRED NOT WHILE A WORK	21c, (CITY, TOWN, C	RY OCCUR?	(COUNTY)	YES NO X
USING UNFADIN	19a: DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify	Conditions contril related to the disease 190. MAJOR FIN. (Bpecity) (Day) (Year)	buting to the death busine or condition causi DINGS OF OPERAT 21b. PLACE OF INJU home, farm, fastory, et (Hour) 21e. INJU WHILE AT WORK	URY (e.g., in or about treet, office bidg., etc.) URY OCCURRED NOT WHILE ARWORK	21c. (CITY, TOWN, C	OR TOWNSHIP)	(COUNTY) Y, that I last	(STATE)
PLAINLY—USING UNFADIN	19a: DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) OF INJURY	Conditions contril related to the disease 190. MAJOR FIN. (Bpecity) (Day) (Year)	buting to the death busine or condition couri DINGS OF OPERAT 21b. PLACEOF INJU- bome, farm, tactory, st. (Hour) 21e. INJU- WHILEAT WORK I the deceased from And that dea	URY OCCURRED NOT WHILE A WORK The property of the control of the course of the cours	21c. (CITY, TOWN, C 21f. HOW DID INJUI	RY OCCUR? And You, 19 A the feauses and on	(COUNTY) Y, that I last the date stated	t saw the deceased above.
PLAINLY—USING UNFADIN	19a: DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mostly) OF INJURY 22. I hereby certify alive on	Omditions contril related to the disease 190. MAJOR FIN	buting to the death busine or condition couri DINGS OF OPERAT 21b. PLACEOF INJU- bome, farm, tactory, st. (Hour) 21e. INJU- WHILEAT WORK I the deceased from And that dea	URY OCCURRED NOT WHILE AT WORK This occurred at	21c. (CITY, TOWN, C 21f. HOW DID INJUI 19 7, to m., from 23b. ADDRESS	RY OCCUR? RY OCCUR? A the causes and on 244. LOSS TION (CI	(COUNTY) Y, that I last the date stated by, town, or county	(STATE) It saw the deceased above. Zz. DATE SIGNED 8- > 22 22 23 24 24 24 24 24
USING UNFADIN	19a: DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mesth) OF INJURY 22. I hereby certify alive on Industry 23a. SUSPATION 24a. BUR AL. CREMITION, RESOVAL (See A) DATE REC'D BY LOCAL RECOVERY REC'D BY LOCAL RESOVAL (See A)	(Bpedity) (Day) (Tear) (that I attended to the disective) (Day) (Tear)	buting to the death busine or condition causi DINGS OF OPERAT 21b. PLACE OF INJU home, farm, factory, st (Hour) 21e. INJU WHILE AT WORK the deceased from 1, and that death	URY OCCURRED NOT WHILE A WORK The property of the control of the course of the cours	21c. (CITY, TOWN, C 21f. HOW DID INJUI	RY OCCUR? RY OCCUR? A the causes and on 244. LOSS TION (CI	(COUNTY) Y, that I last the date stated by, town, or county	(STATE) I saw the deceased above. 22. DATE SIGNED 8- > Y 1 Y
PLAINLY—USING UNFADIN	19a: DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosta) OF INJURY 22. I hereby certify alive operation of the control of t	(Bpedity) (Day) (Tear) (that I attended to the disective) (Day) (Tear)	buting to the death busine or condition causi DINGS OF OPERAT 21b. PLACE OF INJU home, farm, fastory at WHILE AT WORK the deceased from and that dea 224c. No 3-1952 SIGNATURE S. Hun	URY (e.g., in or about treet, office bidg., etc.) URY (o.g., in or about treet, office bidg., etc.) URY OCCURRED NOT WHILE AT WORK The property of the control of the courred at the course	21c. (CITY, TOWN, C 21f. HOW DID INJUI 19 7, to m., from 23b. ADDRESS	RY OCCUR? RY OCCUR? A thy causes and on Cuty 244. LOOSTIGH (C) PETON, S. OT CHATUI	(COUNTY) Y, that I last the date stated by, town, or county	t saw the deceased above. Zz. DATE SIGNED 8- > 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certif	icate	was embaln	ned by me, o r by	
	, St	udent	Embalmer	No	
orking under my personal supervision.	/		, /	1	

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

Licensed Embalmer No. 24

the above constitutes grounds for revocation of license.)

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