STANDARD CERTIFICATE OF DEATH State File No			THE DIVISION OF HE	ALTH OF MISSOU	RI	4420
PRIMARY REC. DIST. NO. 3 2 12 PRIMARY REC. DIST. NO. 3 2 7 12 Registror's No. 2 2	EIIED EED O	dett me	STANDARD CERTIF	ICATE OF DEA	NTH State	
PLACE OF DEATH S. COUNTY Saling Soling	FILED FEB 9	1953	2 1		3071	1 a
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ADDRESS 408 East Arrow ADDRESS 408 East Arrow ADDRESS	OR .		towaship) STAY (in this place)	OR		0972
NAME OF S. (First) D. (Middle) D. (Last) A. DATE (Month) (Day) D. (DATH Jan. 31, 1953) S. SEX 6. COLOR OR RACE 7. MARRIED. NEVER MARRIED. MAIL Milton Milton Milton March	d. FULL NAME OF (I	f not in hospital or	institution, give street address or location)	I ADDOCCC		0
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13. MOTHER'S MAIDEN NAME 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	Salesman	De	partment store	Saline Cour	ty, Missou	ri Ü.S.A.
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**This does not mean he mode of dring, such as mode of dring, such as beart failure, asthemia, see. It means the discussed asthematic, it means the discussed form which caused death. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Or additions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions (Basediy) Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition causing death. Pla. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICI		DIRECTLY LEAF	DING TO DEATH (a) 4 WAS	+wi	+ Granch	
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21a. ACCIDENT (Brackly) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE (COUNTY) (ST SUICIDE HOMICIDE (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 1. 1953, to fam 31, 1953, that I last saw the alive on 1953, and that death occurred at 1953, to fam 31, 1953, that I last saw the alive on 1953, and that death occurred at 1953, and the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS 404 E. Yerly Marshall 1 (Degree or title) 23c. DAT 100N, REMOVAL (Breedty) BUT 181 Feb 3 T 953 Ridge Park Cemetery Marshall Mo. DATE RECT BY LOCAL REGISTRIR'S SIGNATURE 35 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS MARS AR M. M.	19a. DATE OF OPERA-		<u> </u>		•	20. AUTOPSY1
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21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR? WHILE AT WORK AT	21a, ACCIDENT	(Specify)		21c. (CITY, TOWN, OR	TOWNSHIP) (C	COUNTY) (STATE)
WHILE AT WORK	HOMICIDE		Bome, 15t m' redont à seises, amos confidents			and the second s
22. I hereby certify that I attended the deceased from fam. 1. 1953, to fam. 31., 1953, that I last saw the alive on 1953, and that death occurred at 1960 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DAT 24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) BUT 181 Feb. 3. 1953 Ridge Park cemetery Marshall. Mo. DATE RECT BY LOCAL REGISTRIR'S SIGNATURE 355 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. PUNERAL DIRECTOR'S SIGNATURE ADDRESS ADD	id. TIME (Month)	(Day) (Year)		21f. HOW DID INJURY	OCCUR?	
alive on 31, 19.51, and that death occurred at 3.10 m., from the causes and on the date stated above. a. SIGNATURE (Degree or title) 23b. ADDRESS 40.4 E. YELLY MARKALL M. 3 3. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)	INJÚRY	·	m. WHILE AT NOT WHILE	<u> </u>		• •
alive on 121, 1953, and that death occurred at 12.10 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 4048. Yerby Marshall m. 1-3 24c. DATE 110N. REMOVAL (Operator) 110N. R	2. I herebu certifu t	hat I attended	the deceased from Jan 1	1953, to Aa		
23e. SIGNATURE (Degree or title) 23b. ADDRESS 24c. DAT 24c. DAT 24d. LOCATION (Oity, town, or county) 110N, REMOVAL (Specify) BUT 181 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY ADDRESS PROBLEM PROBLEM ADDRESS ADDRES	- 11 -			8.10 m., from to	he causes and on the	date stated above.
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24. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Otty, town, or county) TION, REMOVAL (Specific) BUTIAL Feb. 3. T953 Ridge Park cemetery Marshall. Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-(-195-3. REG. MARSHALL ADDRESS PROPOBELL-LEWIS MARSHALL MO. PROPOBELL-LEWIS MARSHALL MO.		total	name mil	14048. 4 Endy	marska	ll hu 1-31-53
DATE REC'D BY LOCAL REGISTRIR'S SIGNATURE 1-(-195-3) THE PARTY CHIEFLATY MANAGEMENT ADDRESS 1-(-195-3) THE PARTY OF TH	Ma. BURIAL, CREMA		24c. NAME OF CEMETER	RY OR CREMATORY .	24d. LOCATION (City, to	own, or county) (State) .,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 1-(-1953) Ampbell-Lewis MARShall M	Burial	Feb.3	1953 Ridge Park	cemetery		
2-1-1953 Stidney F. Fray () LAMPbell-Lewis MARSHALL M	DATE REC'D BY LOCAL			FUNERAL DIREC	TOR'S SIGNATURE	
	2-1-195-3EG	Kid	Lucy F Fran (1)	L'Ampbell-A	Lewis MA	RShall Mo.
(Licensed Imbalmer's Statement on Reverse Side)			(Licensed Imbalmer's	Statement on Reverse Sid	e)	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Licensed Embalmer No.,

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

the above constitutes grounds for revocation of license.)

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