STANDARD CERTIFICATE OF DEATH NEG. 0157. NO. 4 1 PRIMARY REG. 0157. NO. 4 0 Registrary No. 22 T.F.LAGE OF DEATH A. COUNTY Galdwg11 b. CITY direaths experient limits, write RTHAL and drives and provided by the country of the cou	had		THE DIVISION OF HEALTH OF MISSOURI		\$0001	
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1. FLACE OF DEATH 2. COUNTY Cald Swell 2. USUAL RESIDENCE (Where demonded lived. It institutions: rendered between the country of the country		,,,,	PRIMARY REG. DIST. NO.	406 Registrar's No	<u> 22</u>	
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(Type of Print) HARRY 8. EXX 8. COLOR OR RACE 17. MARRIED, NEVER MARRIED, NEVE						
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ANTECEDENT CAUSE ANTECEDENT CAUSE ANTECCEDENT CAU	<u> {ichard S. Thom</u> j					
CAUSE OF DEATH Inter only consequence per the for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GO ON AUTOPSY COUNTY	. WAS DECEASED EVER IN U.S. ARI		17. INFORMANT'S S	IGNATURE OR NAME	ADDRESS	
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216. TIME OF INJURY (How) (How) (How) (How) 216. INJURY OCCURRED OF INJURY (COURT) 217. Horeby certify that I attended the deceased from March, 19 49 to June 1, 19 3, that I last saw the deceased alive on July 19.53, and that death occurred at H. m., from the causes and on the date stated above. 228. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED OF CEMATORY 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 100. REMOVAL aboutly 6/23/1953 Edgravood camatory Chillicotho Mo. 25. Fundated DIRECTOR'S SIGNATURE ADDRESS 26. Page 1900 of camatory Chillicotho Mo. 26. Page 1900 of camatory Chillicotho Mo. 26. Page 1900 of camatory Chillicotho Mo. 27. 9-53	Ia. ACCIDENT (Apodity) SUICIDE HOMICIDE		21c. (CITY, TOWN, OR TOW	(COUNTY)	(STATE)	
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7-9-53 REG. Mrs. Well B. Lones Leneb. Michael, Braymer, Mos	purial 6/23	5/1953 Edgewood	w			
(Licensed Embelmer's Sustement on Reverse Side)	DATE REC'D BY LOCAL BEGISTRA	1 10 19 things	25. FUNERAL DIRECTOR	Michael Br	aymer, Mo,	
		(Licensed Embalmer's	Statement on Reverse Side)		0	

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

king under my personal supervision.

Licensed Embalmer No. 4340

P. O. Address Staymer. The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w

the above constitutes grounds for revocation of license.)

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