BIETH NO.					ALTH OF MISSON			312
PLACE OF DEATH   1. OUNTY   Cedor   1. OUNTY   Ce	FILED SEP 28	1959	STANDARD	1.	ICATE OF DE	AITI	State File No	
a. COUNTY Cedor  b. CITY (It contides corporate limits, write RURAL and give to Post And County Cedor  OR RUTOI - CEDAR TOWN  G. FULL NAME OF (It act is beythal or lastitucible, view testes advance or location)  NOTION RUTOI - CEDAR TOWN  G. FULL NAME OF (It act is beythal or lastitucible, view testes advance or location)  NOTION RIVER OF (It act is beythal or lastitucible)  ROULE 5. EIDORGO SDOS.  ADDRESS ROULE 5  S. STREET (IT runk, give town advance)  NOTION RIVER OF A. (First)  ADDRESS ROULE 5  S. SEX O. 6. COLOR OR RACE   7. MARRIED REVER MARRIED, L.S. DATE OF BIRTH  MO 10 White White Widnesday by Widnes	BIRTH NO.	, <u> </u>	_ REG. DIST. NO	61	PRIMARY REG. DIST.	мо.2237	_ Registrar's No	<u></u>
D. CITY (If outsides corporate limits, write RUPAL and give TOWN RUPO] - CEDAR TWONE RUPO TOWN R	· COLUMN						b COUNTY O	estitution: resi
ORN RUTO 1 - CEDAR TUDE STAY (IT but has been companied)  of FILL MAME OF (if not in broughal or insultations, either steels address or location)  INSPETIAL ORN ROUTES.  J. MANNES OF MOUTES.  J. MANNES OF MANNES OF MANNES OF MANNES OF MANNES OF MOUTES.  J. MANNES OF MOUTES.  J. MANNES OF MOUTES.  J. MANNES OF MANNES OF MANNES OF MANNES OF MANNES OF MOUTES.  J. MANNES OF MOUTES.  J. MANNES OF MOUTES.  J. MANNES OF	a. WON!Y C	edar			MUS			
A FULL MAKE OF CIT so in the propriet or institution, plan services, plan services, plan services and services in the propriation of the propriati	OR		to-hin) STA	ENGTH OF	I OR	rporate limits, write l	RURAL and give tow	rnship)
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3. NAME OF a (Pirt) b. (Month) D. (Month) C. (Last) C. (Last) C. (Month) (Day) DECRASED B. (Month) (Day) DEATH S. (Month) (Day) M. (Month) D. (Month)	HOSPITAL OR	<del>-</del>	• -		ADDRESS		ation)	-02
S. SEX   S. COLOR OR RACE   7. MARRIED NEVER MARRIED   18. DATE OF BIRTH   MOLD   White   White   Widowed   18. DATE OF BIRTH   MOLD   White   Widowed   18. DATE OF BIRTH   MOLD   1	INSTITUTION				) <u> </u>	ute 5		<del></del> -
S. SEX   S. COLOR OR RACE   7. MARRIED NEVER MARRIED   18. DATE OF BIRTH   MOLD   White   White   Widowed   18. DATE OF BIRTH   MOLD   White   Widowed   18. DATE OF BIRTH   MOLD   1	3. NAME OF DECEASED	a. (First)	b. (Mid	dle)	c. (Last)	4. DA	TE (Month)	(Day)
MO TO DE WILL OCCUPATION (Give stated dever)  Jos. SUSAL OCCUPATION (Give stated at very to dears during mass of working U.S. were it redired)  Parmer  Jos. Father's name  Hard In. Counan.  Jos. Mother's maiden name  Medical Certification  Medical Certification  Medical Certification  Jose not meen  Interval of states of the cohe country of the death of the state of the debes of windship counts (a) dating  Interval of the mother of states (a) dating  Interval of the mother of the states of the debes of workfolton country death.  Jose To Opera.  Jose Date of Opera.  Jose Date of Opera.  Jose Date of Opera.  Jose Mother of the states of the death	(Type or Print)			M.	Cowon	DEA	TH Sent	. 20.
MO 19  Country  Cad r Co., Missouri  U.S.  13a. Father's NAME  Ho rd 1n. Coing.n  For in the distance of services of control of the case, faight, or case of the standard of services of the death out not recease, faight, or control outsing but the death out not recease, faight, or control outsing but the death out not recease, faight, or case of the case, faight, or case of the case, faight, or case of the case, faight, or case of the case of control outsing but the death out not recease of the case of the case of control outsing but the death out not recease of the case of the case of control outsing but the death out not recease of the case of control outsing but the death outsing death.  10   11   12   12   13   14   15   16   16   17   16   17   17   18   18   18   19   18   19   19   19	5, SEX () 6.	COLOR OR RACE	7. MARRIED, NEVER	MARRIED,	LS, DATE OF BIRTH	9. AG	E (In years IF UNDE birthday) Months	RIYEAR   FE
DUSTRY    Code   Co., Missouri   Country   Country   Code   Co., Missouri   Country			Widowed		March 25.	<u> 1869                                     </u>	34	<u> </u>
Sa. Father's Name   13b. Mother's Maiden Name   14. Name of Husband or Bife   15. Mother's Maiden Name   14. Name of Husband or Bife   15. WAS DECENSED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT'S SIGNATURE OR NAME   ADD RESEARCH OF THE NEW YORK OF THE NEW YORK OF THE NAME   17. INFORMANT'S SIGNATURE OR NAME   ADD RESEARCH OF THE NAME   ADD R			10b. KIND OF BUSIN	ESS OR IN-				12. CITIZEI COUNTR
HOTGIN COULDY.  HOTGIN COULDY.	Farmer		<u> </u>		Cedor Co.	<del></del>		<i>U.S.</i>
15. WAS DECASED EVER IN U.S. ARMED FORCES? IG. SOCIAL SECURITY NO.  17. INFORMANT'S SIGNATURE OR NAME ADD  18. CAUSE OF DEATH Enter only one causes per line for (a), (b), and (a)  17. INFORMANT'S SIGNATURE OR NAME ADD  18. CAUSE OF DEATH Enter only one causes  MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH's (a)  MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH's (b)  MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH's (c)  19. DATE of open and the state of death but not related to the decease of condition causing death.  19. DATE OF OPEN ID. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SIDNING OF OPERATION  19. MAJOR FINDINGS OF OPERATION  21. DIRECTLY CAUSES  19. MAJOR FINDINGS OF OPERATION  21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  21. OTHER SIGNIFICANT CONDITIONS  21. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  21. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  21. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  21. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  21. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  22. AUTOR  23. AUTOR  WHILE AT MORE TANIONS  24. Thereby certify that I attended the deceased from Contributing to the death but not related to the disease or condition causing death.  24. Thereby certify that I attended the deceased from Contributing to the death but not related to the disease or condition causing death.  25. FUNCTURE OF TOWNSHIP  26. DATE  27. DATE  28. DATE  29. DATE  29. DATE  20. DATE  21. DEPART OF CEMETERY OR CEMETERY OR CEMETERY OR CEMETERY  COUNTY)  25. FUNCTURE  26. DATE  27. DATE  27. DATE  28. P	13a. FATHER'S NAME		136. MOTHE	R'S MAIDEN	NAME	14. NAME OF	HUSBAND OR WI	FE
(Yes. a.o., or unknown)  RO  B. CAUSE OF DEATH Enter only one course (a) by one course (a) dading the underlying cause last.  MOTAL conditions, if any, giving DUE TO (b)  Part of Operation  DUE TO (c)  11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES  MOTAL conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  MOTAL conditions, if any, giving DUE TO (b)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERAT  TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE  10 Court of the which (Day) (Year) DUE TO (c)  21b. PLACE OF INJURY (e.g., in or about 5 to Sept 20, 19 5, that I last saw the condition on the death of the course of the while of the course (a) day of the course of th								<del></del>
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)  "This does not mean the mode of styins, such seathfully actual last of the underlying course last.  "This does not mean the mode of styins, such seathfully actual last of the underlying course last.  "This does not mean the mode of styins, such seathfully actual last of the underlying course last.  "This does not mean the mode of styins, such seathfully actual last of the underlying course last.  "This does not mean the mode of styins, such seathfully actual last of the underlying course last.  "This does not mean the mode of styins, such seathfully actual last of the underlying course last.  "This does not mean the mode of styins, such seathfully actual last on the underlying course last.  "This does not mean the mode of styins, such seathfully actual last on the underlying course last.  "This does not mean the mode of styins, such seathfully actual last last last last last last last la				SECURITY NO.	17. INFORMANT	'S SIGNATURE	OR NAME	AD
Enter only one-delice per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, eithering, cathening, it is to the above cause (a) stating the underlying cause tast.  Morbid conditions, if any, giving DUE TO (b)  DUE TO (c)  110. THER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  192. DATE OF OPERA-  193. MAJOR FINDINGS OF OPERATION  214. ACCIDENT  SUICIDE  HOMICIDE  194. MORBID  195. MAJOR FINDINGS OF OPERATION  215. INJURY (a.g., in or about 1)  216. INJURY (a.g., in or about 1)  217. HOW DID INJURY OCCURTY  OF INJURY  218. INJURY OCCURRED  OF INJURY  219. INJURY OCCURRED  OF INJURY  210. INJURY OCCURRED  AT WORK  AT WORK  211. HOW DID INJURY OCCURTY  WORK  AT WORK  212. ACCIDENT  MORBID  213. ACCIDENT  MORBID  214. ACCIDENT  MORBID  215. 183. and that death occurred at T. John, from hhe causes and on the date stated above.  216. BURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  217. ACCIDENT  (Degree or title)  218. AURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  219. AURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  210. AURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  210. AURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  210. AURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  211. OCCURRED  AURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  212. AURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  213. AURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  214. ACCIDENT  AURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  215. FUNERAL DIRECTOR'S BIGNATURE  ADDRESS  216. PLANE BIGNATURE  ADDRESS  AMORBE AND AURIAL CREMA-  TION, REMOVAL (Boustly)  BUFICO  AURIAL CREMA-  TION REMOVAL (Boustly)  BUFICO  AURIAL CREMA-  TION REMOVAL (Boustly)  BUFIC						an, R.5.	<i>El Doro</i>	
**This does not mean the mode of dying, such as heart failure, arthenia, etc. It means the discussions which caused death. Tion of the discussions contributing to the death but not related to the discuss or conditions contributing to the death but not related to the discuss or condition causing death.  19a. DATE OF OPERATION  21a. ACCIDENT (Broedly)   21b. PLACE OF INJURY (e.g., in ar about 5 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House)   21c. INJURY OCCURRED 10 Uniform Sulficide (Mostb) (Day) (Year) (House) (Uniform Sulficide (Mostb) (Uniform Su		I DISEASE OF C		IEDICAL C	ERTIFICATION	7. 1		INTERVAL ONSET A
**This does not mean the mode of sping, such as heart failure, eathernia, etc. It means the dist. It means t		DIRECTLY LEAD	ING TO DEATH*(a)	wer	iorceio	ruc ru	eou.	_
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DUE TO (c)    DUE TO (c)	the mode of dying, such	Morbid condition	s, if any, giving DUE TO	(b)	entrico	Man 1	Parlue	<u>~</u> ]
DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Onditions contributing to the death but not related to the disease or conditions cauting death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 10b. PLACE OF INJURY (e.g., in or about bome, farm, fastory, street, office bidg., etc.)  10c. INJURY OCCURRED 10c.		rise to the above of the underlying car	ause (a) stating use last.				-	j.
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19a. DATE OF OPERA-   19b. MAJOR FINDINGS OF OPERATION   20. AUTOF   19b. MAJOR FINDINGS OF OPERATION   21b. PLACE OF INJURY (e.g., in or about SURCIDE HOMICIDE   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STAN SURCIDE HOMICIDE   19b. MAJOR FINDINGS OF OPERATION   21c. INJURY OCCURRED   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STAN SURCIDE HOMICIDE   10c.	tion which caused death.				<b>F</b>			. ·
TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) 21d. Instance of the deceased from the date stated above.  21d. Time (Month) (Day) (Year) 21d. Instance of the deceased from the date stated above.  21d. Time (Month) (Day) (Year) 21d. Instance of the deceased from the date stated above.  21d. Time (Month) (Day) (Year) (Hour) (Year) (Hour) (Year) (Hour) (How did instance of the deceased from the date stated above.  21d. Time (Month) (Day) (Year) (Hour) (Day) (Year) (Hour) (Day) (Year) (How did instance of the date stated above.  21d. Time (Month) (Day) (Year) (Hour) (How did instance of the date stated above.  21d. How did instance of the date stated above.  21d. How did instance of the date stated above.  21d. How did instance of the date stated above.  22d. Signature (Degree or title) (Degree		related to the disca	ue or condition causing de	ath.	<del> </del>		<del> </del>	1 00 41
21a. ACCIDENT SUICIDE COUNTY CO	19a. DATE OF OPERA- TION	195. MAJOR FINI	DINGS OF OPERATION	•			200	AUTO
SUICIDE    SUICIDE   Some, farm, factory, street, office bidg., etc.]   SUICIDE   SUIC		<u> </u>		·	AL COUNTY TOURS OF			YES L
21d. TIME (Month) (Day) (Year) (Hour) (Hour) (Hour) (Hour) (Hour) (Hour) (Hour) (Day) (Year) (Hour)	ZIA. ACCIDENT SUICIDE HOMICIDE				ZIC. (CITY, TOWN, OR	. (UWNSHIP) .,	(COUNTY)	(51
WHILE AT WORK AT WORK  2. I hereby certify that I attended the deceased from Let & Q. 195 Lto Sep 20, 1953, that I last saw the alive on Sep 15, 1953, and that death occurred at Z.301m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) 23b. ADDRESS  23c. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  BUTIO   9-22-53   Hocklemon Cemetery  DATE RECO BY LOCAL  REGISTRARS SIGNATURE   W. Mafan 25: FUNERAL DIRECTOR'S 3 IGNATURE   ADDRESS  SEPT. 23, 1953   W. Flynowskip Liken Constants   Consta		(Day) (Year) /	(Herry)   2te. INJURY	OCCURRED	21f. HOW DID INJURY	Y OCCUR?		
22. I hereby certify that I attended the deceased from Let 20, 1952 to Sept. 20, 1853, that I last saw the calibre on Per 15, 1853, and that death occurred at Z.302m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) 23b. ADDRESS  24a. BURIAL. CREMA- TION, REMOVAL (Browthy) 9-22-53  Hackleman Cemetery  DATE RECO BY LOCAL  REGISTRARS SIGNATURE ADDRESS  SCOTT. 23, 1953  LETTING REGISTRARS SIGNATURE ADDRESS  SCOTT. 24, 1953  LETTING REGISTRARS SIGNATURE ADDRESS  SCOTT. 24, 1953  LETTING REGISTRARS SIGNATURE ADDRESS  SCOTT. 24, 1953  LETTING REGISTRARS SIGNATURE ADDRESS  SCOTT. 25, 1954  LETTING REGISTRARS SIGNATURE ADDRESS  LETTING REGISTRARS SIGNATURE ADDRESS  SCOTT. 25, 1954  LETTING REGISTRARS SIGNATURE ADDRESS  LE	OF	, , , , , ,	WHILEAT (-)	OT WRILE (				
alive on 180 , 1953, and that death occurred at 2.30 m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) 23b. ADDRESS  24c. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  BUTIO   9-22-5.3   Hackleman Cemetery  DATE RECO BY LOCAL  REGISTRARS SIGNATURE   ADDRESS  SEPT. 23, 453   W FLATONICO DEGREE   W September					0.52. 0	207 20.	530	
23a. SIGNATURE  (Degroe or title) 23b. ADDRESS  24c. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (Otty, town, or county)  110N. REMOVAL (Byootty)  110N. REGISTRAR'S SIGNATURE  1	Z. I hereby certify t	inal 1 attended t	ne deceased from L	- Company of	7:30 Pm from			
24s. BURIAL CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) TION, REMOVAL (Breatty) 9-22-5.3 Hackleman Cemetery Cedar Co. Missauri DATE REC'D BY LOCAL REGISTRAR'S SIGNATORE W. Hafne 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEPT. 23, 453 hw Flysowife Dates Co. Missauri Sept. 23, 453 hw Flysowife Dates Co. Missauri		<u>, , 180 .</u>			<u> </u>	CUMSES 63766 (	AND THE WATE STATE	
Buriol 9-22-53 Hackleman Cemetery Cedar Co. Missouri Date reco by Local REGISTRAR'S SIGNATURE ADDRESS SEPT. 23, 453 hw fly owfor Dates Company	OL MAI	to On	$\mathcal{L}$	)	no	es m	120	19.9
Buriol 9-22-53 Hackleman Cemetery Cedar Co. Missouri Date reco by Local Registrars signature W Hafus 3: Funeral Director's 31 GNATURE ADDRESS Sept. 23, 453 hw Hafus White Director's 40 Darage of	240 BUDIAL COEMA	LZAN DATE	240 NAME	OF CEMETER	Y OR CREMATORY	24d. LOCATION	Oity, town, or cor	inty)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE W Jafon 3: FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEPT. 23, 453 hu Flyworth Dates Lien William Mishers - & Darago Sp	TION, REMOVAL (Breetly	)   " [	1					
Sept. 23, 453 hu flyrouter, Dating Swinn Parollers - & Daralo Sp		<u> </u>		Make C				
SUFTIAN, 193 VILL O CHEST OF TOTAL STATE OF CHANGE OF CH		L L	W.	Test to	el . Po	The	NO.	De L
	3671. A3, 453	yeur oris	is only	Embels 2	esternent on Reverse Si	to)	of core	wo wy

SEEL OF NOW

GBC: V. J. VOM.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	d on the reverse side of this certificate was embalmed by me, or by
	, Student Embalmer No
orking under my personal supervision.	
Student	Signed May W. Rickering

Licensed Embalmer No. 16.96

P. O. Address P.

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