STANDARD CERTIFICATE OF DEATH STANDARD CERTIFICATION State File No.		.	A			ALTH OF MISSOU			35036
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tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deceth but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Breedty) 21b. PLACE OF INJURY (o.g., is or about NOWING) 21c. (CITY. TOWN, OR TOWNSHIP) (COUNTY) (STATE) 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Breedty) 21b. PLACE OF INJURY (o.g., is or about NOWING) (COUNTY) (STATE) 19b. MAJOR FINDINGS OF OPERATION (CITY. TOWN, OR TOWNSHIP) (COUNTY) (STATE) 19b. MAJOR (CITY. TOWN, OR TOWNSHIP) (COUNTY) (STATE) 19b. Time (Moseth) (Day) (Year) (21e. INJURY OCCURRED WHILE AT NOT WHILE MAY AT WORK AT WORK AT WORK AT WORK AT WORK (CITY. TOWN, OR TOWNSHIP) (COUNTY) (STATE) 19b. That I attended the deceased from 19b. Township (COUNTY) (STATE) 19b. That I attended the deceased from 19b. Township (COUNTY) (STATE) 19b. That I attended the deceased from 19b. Township (COUNTY) (COUNTY) (STATE) 19b. Thereby certify that I attended the deceased from 19b. Township (COUNTY) (CITY. TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (CITY. TOWN, OR TOWNSHIP) (COUNTY) (CITY. TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (CITY. TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (CITY. TOWN, OR TOWNSHIP) (CITY. TOW	BĽA	as heart failure, asthenia, etc. It means the dis-	THE EU HEE GLOVE !	use last.		, t 2220	r er i e s	- + •	7
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WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 9 9 1953, to 0 - 26, 1953 that I last saw the deceased give on 10 20, 1953, and that death occurred at 8 25 pm., from the causes and on the date etated above. 23. BURIAL CREMA- 21D. DATE 10. BURIAL CREMA- 21D. DATE 22. BURIAL CREMA- 21D. DATE 23. BURIAL CREMA- 21D. DATE 24. BURIAL CREMA- 21D. DATE 25. FUNERAL DIRECTOR'S SIGNATURE		21a. ACCIDENT SUICIDE HOMICIDE	(Repectfy)	21b. PLACE OF INJ home, farm, factory,	URY (e.g., in or about street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)
22. I hereby certify that I attended the deceased from 9 30 1853, to 0 - 26, 1853 that I last saw the deceased alive on 10 - 26, 1853, and that death occurred at 825 pm., from the causes and on the date stated above. 230 SHGNA DIRHE 240. DATE 240. DATE 240. DATE 240. NAME OF CEMETERY OR CREMATORY 241. LOCATION (City, town, or county) 242. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND 28 1933	–vsi	21d. TIME (Mesch)	(Day) (Year)	WHILE AT	C NOT WHILE	ZII. HOW DID INJURY	Y OCCURT		
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(Licensed Embalmer's Statement on Reverse Side)	=		REGISTRAR'S	SIGNATURE A	llison	Breit Fune	TAL HOME	SAS PZ	oness
		M. S.	· · · · · · · · · · · · · · · · · · ·	([.k	ensed Embelmer's	Statement on Reverse Si	de)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on	the reverse side of this ce	rtificate w	as embalm	ed by me, or b	y
		Student	Embalmer	4o	
orking under my personal supervision.	•				
•	a	0	1	`/	

Licensed Embalmer No. 2650

P. O. Address Savannah me

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.