	1.000	THE DIVISION OF HE	·		
THE PER 1	4 1958	STANDARD CERTIF	ICATE OF DEATH	State File No.	38870
4		131	7	3023 Registrar's No.	957
IRTH NO		REG. DIST. NO.			<u> </u>
I. PLACE OF DEA	TH		2. USUAL RESIDENCE a. STATE	(Where decessed lived. If in	titution: residence admi
a. COUNTY	ENAU		MO.	77 FARY	
b. CITY (If outside cor	rporate limita, crite F	RURAL and give c. LENGTH OF township) STAY (in this place)		mits, write RURAL and give to t	ethio)
TOWN OL	INTON	30 DAL	TOWN CLIN	ton	1424
d. FULL NAME OF (Institution, give street address or location)	d. STREET (If re	ral, give location)	O
HOSPITAL OR INSTITUTION	501 9.	MAIN ST.	2/4_	S. 3 M. St.	
3. NAME OF DECEASED	a.:(First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Yes
DECEASED (Type or Print)	ARTHU	p - 7.	ÊC	DEATH DEC	9.19
	COLOR OR RACE	17. MARRIED, NEVER MARRIED, 4	8. DATE OF BIRTH	9. AGE (In years # mon last birthday) Months	
4 .	114. +=	WIDOWED, DIVORCED (824-diy)		Last birthday) Months	Days Hours
MALE ISUAL OCCUPATION	ON (Objection of second	10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (City and)	State or Foreign Country)	12. CITIZEN OF V
done during most of works	ng life, even if retired)	DUSTRY .	(City and :	or or retain country,	COUNTRY?
TEACHET		- Parak acress	MEKICO, M	NAME OF HUSBAND OR WIF	U. S. F7.
34. FATHER'S NAME		136 MOTHER'S MAIDEN		r with the se	
WM. HENR			17. INFORMANT'S SI	DECEA	ADDRES
5. WAS DECEASED EVE Yes. no. or unknown) (If	ER IN U.S. ARMED I yee, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT 5 51	GNATURE OR NAME	-
No	<u> </u>	UNKNOWN	PROM PAM	ILY BIBLE	TECOP
8. ČAUSE OF DEATH	I. DISEASE OR C	CONDITION	ERTIFICATION (A N	ONSET AND DE
Enter only one cause per ine for (a), (b), and (c)	DIRECTLY LEAD	DING TO DEATH*(a)	mong En	Gilian	22
	ANTECEDENT C	AUSES	·		·
*This does not mean he mode of dying, such	Morbid condition	u. If any, giring DUE TO (b)	flory infect		3 20/0
es beart failure, arthenia,	, rise to the above of	ns, if any, giving DUE TO (b) Recause (a) stating muse last.		• • •	
tic. It means the dis-		DUE TO (c)	*,		_
	U. OTHER SIGNI	IFICANT CONDITIONS	-		·
ion which caused death.					,
ion which caused death.	Conditions contri	lbuting to the death but not			<u> </u>
9a. DATE OF OPERA-	Conditions contri related to the disc			and the second	20. AUTOPSY?
	Conditions contri related to the disc	ibuting to the death but not case or condition invising death.		5272	20. AUTOPSY?
19a, DATE OF OPERA- TION	Conditions contri related to the dise 19b. MAJOR FIN	ibiding to the death but not use or condition counting death. DINGS OF OPERATION (1997).	21c. (CITY, TOWN, OR TOWN		
19a. DATE OF OPERATION	Conditions contri related to the disc	ibsting to the death but not age or condition counting death. IDINGS OF OPERATION	21c. (CITY, TOWN, OR TOWN		YES . NO
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE	Conditions contri related to the dise 19b. MAJOR FIN (Bpecity)	ibsting to the death but not case or condition counting death. DINGS OF OPERATION 21b. PLACEOF INJURY (e.g., in or about beene, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR TOWN	SHIP) (COUNTY)	YES . NO
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month)	Conditions contri related to the dise 19b. MAJOR FIN (Bpecity)	ibeting to the death but not gate or condition crusting death. IDINGS OF OPERATION 21b. PLACEOF INJURY (e.g., in or about beens, farm, factory, street, office bidg., etc.) (Heart) 21e. INJURY OCCURRED WHILEAT 1. NOT WHILE		SHIP) (COUNTY)	YES . IK
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) OF INJURY	Conditions contri related to the dise 19b. MAJOR FIN (Bpecify)	ibeding to the death but not gate or condition crusing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about beens, farm, factory, street, office bidg., ste.) (Hearr) 21e. INJURY OCCURRED WHILE AT NOT WHILE MAY WORK	211. HOW DID INJURY OCCU	SHIP) (COUNTY)	YES NO. (STATE)
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify (Conditions contri related to the disc 19b. MAJOR FIN (Bpecity) (Bpecity) (Day) (Tear) that I attended	ibeding to the death but not gate or condition intuing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about beens, farm, fastory, stewet, office bidg., see.) (Hearr) 21e. INJURY OCCURRED WHILE AT WORK the deceased from 12-15	21f. HOW DID INJURY OCCU 	SHIP) (COUNTY) R7 , 1843, that I la	(STATE)
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify alive on 12.	Conditions contri related to the disc 19b. MAJOR FIN (Bpecity) (Bpecity) (Day) (Tear) that I attended	ibeting to the death but not age or condition intuing death. 21b, PLACE OF INJURY (e.g., in or about beens, farm, factory, street, office bidg., etc.) (Hearr' 21e, INJURY OCCURRED WORK AT WORK the deceased from 12-15 and that death occurred at	211. HOW DID INJURY OCCU 1853, to $f - f$ f - f, m., from the case	SHIP) (COUNTY)	(STATE) est saw the dece
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify (Conditions contri related to the disc 19b. MAJOR FIN (Bpecity) (Bpecity) (Day) (Tear) that I attended	ibeding to the death but not gate or condition intuing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about beens, farm, fastory, stewet, office bidg., see.) (Hearr) 21e. INJURY OCCURRED WHILE AT WORK the deceased from 12-15	211. HOW DID INJURY OCCU 1853, to $f - f$ f - f, m., from the case	RI , 1943, that I la	(STATE) st saw the deced above. 23c. DATE SIG
Pa. DATE OF OPERATION Pla. ACCIDENT SUICIDE HOMICIDE Pla. Time (Month) OF INJURY Pla. I hereby certify alive on 12:23a. SIGNATURE	Conditions contri related to the disc 19b. MAJOR FIN (Bpscily) (Bpscily) that I attended 9 195	ibeting to the death but not age or condition consing death. IDINGS OF OPERATION 21b. PLACEOF INJURY (e.g., in or about been, farm, factory, street, office bidg., ste) WHILEAT NOT WHILE WORK AT WORK the deceased from 12-15 and that death occurred at (Degree or tiple)	211. HOW DID INJURY OCCU 1832, to 1 - 9 9 P. m., from the car 23b. ADDRESS Clinton	SHIP) (COUNTY) R1 , 1843, that I lasses and on the date state MCci	(STATE) st saw the dece ed above. 23c. DATE SIG
Pa. DATE OF OPERATION Pla. ACCIDENT SUICIDE HOMICIDE Pla. Time (Month) OF INJURY Pla. I hereby certify alive on 12:23a. SIGNATURE	Conditions contri related to the disc 19b. MAJOR FIN (Bpscily) (Bpscily) that I attended 9 195	ibeding to the death but not gate or condition crusing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about beens, farm, factory, street, office bidg., etc.) (Hearr) 21c. INJURY OCCURRED WHILEAT NOT WHILE WORK AT WORK (the deceased from 12 15 and that death occurred at (Degree or tiplo) 24c. NAME OF CEMETER	211. HOW DID INJURY OCCU 18.52, to 1 - 9 9 p. m., from the car 23b. ADDRESS CLINTON RY OR CREMATORY 24d. L	R7 , 1843, that I lasses and on the date state DUCS OCATION (City, town, or com	(STATE) st saw the dece ed above. 23c. DATE SIG
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Meeth) OF INJURY 22. I hereby certify alipe on 12. 23a. SIGNATURE 24a. BURIAL CREMATION, REMOVAL CREMATION, REMOVA	Conditions contri related to the dise 19b. MAJOR FIN (Bpecity) (Day) (Tear) that I attended q 19 5. A 24b. DATE y) DEC.	ibeding to the death but not age or condition crusing death. IDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about beens, farm, factory, street, office bidg., see.) (Hearr) 21e. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK the deceased from 12 15 24c. NAME OF CEMETER 24c. NAME OF CEMETER	21f. HOW DID INJURY OCCU 1853, to 1 - 9 9 P. m., from the car 23b. ADDRESS CLINTON RY OR CREMATORY 24d. L OD CEMI. CA	SHIP) (COUNTY) R7 , 1843, that I lauses and on the date state THE OCATION (City, town, or county)	st saw the dece ed above. 23c. DATE SIG /-/0-9-3
Pa. DATE OF OPERATION Pla. ACCIDENT SUICIDE HOMICIDE Pla. Time (Month) OF INJURY Pla. I hereby certify alive on 12:23a. SIGNATURE	Conditions contri related to the dise 19b. MAJOR FIN (Bpecity) (Day) (Tear) that I attended 9 195. A 24b. DATE y) DEE: 11	ibeding to the death but not age or condition crusing death. 21b. PLACE OF INJURY (e.g., in or about beens, farm, fastory, street, office bidg., ste.) (Hearr) 21e. INJURY OCCURRED WORK AT WORK the deceased from 22 47 24c. NAME OF CEMETER SIGNATURE 24c. NAME OF CEMETER SIGNATURE 42	211. HOW DID INJURY OCCU 18.52, to 1 - 9 9 p. m., from the car 23b. ADDRESS CLINTON RY OR CREMATORY 24d. L	SHIP) (COUNTY) R7 , 1843, that I lauses and on the date state THE OCATION (City, town, or county)	(STATE) st saw the dece ed above. 23c. DATE SIG /-/0-3-3 mty) (State 0.
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Meeth) OF INJURY 22. I hereby certify alipe on 12. 23a. SIGNATURE 24a. BURIAL CREMA TION, REMOVAL (Especie) 24a. BURIAL CREMA TION, REMOVAL (Especie)	Conditions contri related to the dise 19b. MAJOR FIN (Bpecity) (Day) (Tear) that I attended 9 195. A 24b. DATE y) DEE: 11	ibeding to the death but not age or condition crusing death. IDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about beens, farm, factory, street, office bidg., see.) (Hearr) 21e. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK the deceased from 12 15 24c. NAME OF CEMETER 24c. NAME OF CEMETER	21f. HOW DID INJURY OCCU 1853, to 1 - 9 9 P. m., from the car 23b. ADDRESS CLINTON RY OR CREMATORY 24d. L OD CEMI. CA	SHIP) (COUNTY) R7 , 1843, that I lauses and on the date state THE OCATION (City, town, or county)	st saw the dece ed above. 23c. DATE SIG /-/0-9-3

STATEMENT BY LICENSED EMBALMER

E 20 986 721

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, each and the second of the second of the second of this certificate was embalmed by me,					
orking under my personal supervision.					
Student	Signed Hausaut				
Student Embalmer	Licensed Embalmer No. 37.7.9				

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.