PRIMARY BEG. DIST. NO. 3   PRIMARY BEG. DIST.	ENCO some		THE DIVISION OF HE	ALTH OF MISSOURI		
1. PLACE OF DEATH  1. COUNTY  D. CITY (If omidde corporate limits, write RURAL and gives coverable)  D. CITY (If omidde corporate limits, write RURAL and gives coverable)  TOWN ELSON  G. FULL HAME (OF (If set to brogated or institution, etry cartered actives or boosloo)  INSTITUTION 505 - 50 - Che ST MILL  INSTITUTION 505 - 50 - Che ST MILL  INSTITUTION 505 - 50 - Che ST MILL  D. CITY (If omidde corporate limits, write RURAL and gives township)  TOWN ELSON  G. FULL HAME (OF (If set to brogated or institution, etry cartered actives or boosloo)  INSTITUTION 505 - 50 - Che ST MILL  INSTITUTION 505 - 50 - Che ST MILL  D. CITY (If omidde organize limits, write RURAL and gives township)  TOWN ELSON  G. FULL HAME (OF (If set to be begind or institution, etry cartered active to boosloo)  INSTITUTION 505 - 50 - Che ST MILL  D. CITY (If omidde organize limits, write RURAL and gives township)  INSTITUTION 505 - 50 - Che ST MILL  CITY (If omidde organize limits, write RURAL and gives township)  INSTITUTION 505 - 50 - Che ST MILL  CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  INSTITUTION 505 - 50 - Che ST MILL  CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omidde organize limits, write RURAL and gives township)  G. CITY (If omid	HILLUDEC 14	. 1950 S	TANDARD CERTIF	ICATE OF DEAT	H State File No	39740
1. PLACE OF DEATH 1. COUNTY  D. CITY (If outside corporate limits, write RURAL and gives of the country)  D. CITY (If outside corporate limits, write RURAL and gives of the country)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich)  D. CITY (If outside corporate limits, write RURAL and gives overwhich and gives overwhich limits, write RURAL and gives overwhich and gives ove	DIRTH NO	RE	Б. DIST. NO. <u>212</u>	PRIMARY REG. DIST. NO	.3044 Registrar's N	59
D. CITY (II outside corporate limits, write RURAL and give township)  TOWN FLOON  A. PULL MAME OF (II to a its hospital or limitation, circ street defense or location)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF (II to a its hospital or limitation)  A. PULL MAME OF HOSPITAL  A. PULL		TH		2 USUAL RESIDEN	CE (Where deceased lived. If	institution: residence bef
TOWN FLOON  OF THE LOON  OF THE	a. COUNTY	Mille	P	a. STATE MISS	DUR! B. COUNTY	Liller
TOWN FLOON ACTION TO PROBLEM OF IT SHOULD ON INSTITUTION SO FILE OF STREET OF TOWN ACTION ACT	OR —	rporate limits, write RURAL	and give c. LENGTH OF	ہ د ⊸سہ OR اا	te limits, write RURAL and give to	
ADDRESS INSTITUTION 505 - So - Chest Nut  NISTITUTION 505 - So - Chest Nut  DECREASED (First)  The Color Print) And Color Print (Color Print) And Color Prin	TOWN EL	don	Lifetime	TOWN ELA	,0 N	7661
3. NAME OF DECEASED A LIVERY DECEASED TO DECEASE OF CONDITION DECEASED AND A LIVER DECEASED A	PUCCULATION		<i>i</i> -4-1-4	a. STREET and ADDRESS	C 11 -1	Nut- 0
TYPE OF PATH) HRTMAR  S. SEX O 6. COLD OR RACE 7. MARRIED. NEVER MARRIED.  OB. USUAL OCCUPATION (CIPW kind of vew) 10k. KIND OF BUSINESS OR IN. DUSTRY)  OB. SUALO COLD AT INC. C. C	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month	) (Day) (Year)
OB. USUAL OCCUPATION (Cive hind of evoir light)  OB. USUAL OCCUPATION (Cive hind of evoir light)  OB. USUAL OCCUPATION (Cive hind of evoir light)  OB. WIAD OF BUSINESS OR IN. PART & C. P	(Type or Print)	RTHUR			- DEATH TOCC	
Da. ISSIAL OCCUPATION (Cive hind of each of pigned dustage poor of working lifts send to be detailed to be distant send.  DIETARS ENGINE LIFT SENDING TO DEATH send to be detailed but not related to be distant send.  DIETARS ENGINE LIFT SENDING TO DEATH send to be detailed but not related to be distant send.  DIETARS ENGINE LIFT SENDING TO WORK lift Send to be detailed to be distant send.  DIETARS ENGINE LIFT SENDING TO WORK lift Send to be detailed to be distant send.  DIETARS ENGINE LIFT SENDING TO WORK lift Send to be detailed to be distant send.  DIETARS ENGINE LIFT SENDING TO WORK lift Send to be detailed to be detailed to be distant send.  DIETARS ENGINE LIFT SENDING TO WORK lift Send to be detailed	5. SEX 0 6.	۷ ا مال	IDOWED, DIVORCED (Bootsty)	01-1100	last birthday)   Month	
13b. MOTHER'S MAME    13b. MOTHER'S MAIDEN NAME   14b. MOTHER'S MOTH		N (Give kind of work 10b.	KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or fo	oreign southry) C	12. CITIZEN OF WH
13b. MOTHER'S MANDE NAME    13b. MOTHER'S MAIDEN NAME   14b. MOTHER'S NAME OF CEMETERY OR CREMATORY   14b. MOTHER'S NAME   14b. MOTHER'S MAIDEN NAME   14b. MOTHER'S MOTHER'S MOTHER'S SIGNATURE   14b. MOTHER'S MAIDEN NAME   14b. MOTHER'S NAME OF CEMETERY OR CREMATORY   14b. MOTHER'S NAME   14b. MOTHER'S NAME OF CEMETERY OR CREMATORY   14b. MOTHER'S NAME   14b. MOTHER'S NAME OF CEMETERY OR CREMATORY   14b. MOTHER'S NAME   14b.				MONITEAH.	- Co- Mo	1 77.5.A
S. WAS DECASED EVER IN U. S. ARMED FORCES?  16. SCIAL SECURITY  NO. NO		<u> </u>	136. MOTHER'S MAIDEN	NAME / 14	NAME OF HUSBAND OR W	IFE.
NO N		HLLee_			<u> </u>	
B. CAUSE OF DEATH That only one cause per ine for (a), (b), and (c)  "This does not mean the mode of dying, such a heartigiture, athenia, it. It means the dis- are, injury, or compilea- ion which caused death.  "This does not mean the underlying couse last.  "DUE TO (b)  II. OTHER SIGNIFICANT CONDITIONS  O'N A.  "To No. No. No. No. No. No. No. No. No. No			ice) NO.	0.1	. 1	ADDRESS
Inter only one cause per me for (a), (b), and (c)  *This does not mean the mode of dying, such the death.  **Morbid conditions, if any, giving DUE TO (b)  **This does not mean the discussion of the death of the discussion on the discussion of the mode of dying, such the death of the discussion of the mode of dying, such the discussion of the mode of dying, such the discussion of the death of the discussion of the mode of dying, such the discussion of the discussion of the death of the discussion	<del></del>	NONE		7 7 7	Tree	
**This does not mean the made of dying, such a heart fallure, asthenia, size. It means the disease or consideration to the consection to t	-,	1. DISEASE OR CONDIT		SERTIFICATION	•	ONSET AND DEATH
Morbid conditions, if any, giring DUE TO (b)  the mode of dying, such the underlying cause last the mode of dying, such the underlying cause last the underlying to the death but not tolded to the death and tolded last.  210. ALITON, COUNTY)  Sp. LACE (CITY, TOWN, OR TOWNSHIP)  No N e  211. How DID INJURY OCCUR?	ine for (a), (b), and (c)	DIRECTLY LEADING TO	O DEATH (a)	my act	uszm	30 min
DUE TO (c)    DUE TO (c)	*This does not mean			T .	•	
DUE TO (c)    DUE TO (c)	he mode of dying, such	Morbid conditions, if an rise to the above cause (	ny, giring DUE TO (b)	1 .		_
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death.  9a. DATE OF OPERATION NON Q  11a. ACCIDENT SUICIDE HOMICIDE HOMICIDE  11d. TIME (Menuth) (Day) (Year) (Hogy) INJURY NON Q  12l. PLACE OF INJURY (e.g., in or about bome, farm, fastory, street, office bidge, eve.) NON Q  12l. PLACE OF INJURY OCCURRED OF INJURY NON Q  21l. How Did Injury OCCUR? NON Q  22l. Hereby certify that I attended the deceased from alive on 3 Da C 19 33, and that death occurred at 7:00 A m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or titip)  23b. ADDRESS  22c. DATE SIGNATURE  AAB BURIAL. CREMA- 12l. DATE 12l.	tc. It means the dis-	the underlying cause last		× ×	• •	ĺ
9a. DATE OF OPERA- TION  NON 2  19b. MAJOR FINDINGS OF OPERATION  NON 2  21d. PLACE OF INJURY (e.g., in or about SUCIDE HOMICIDE  NON 2  11d. ACTION  NON 2  21d. PLACE OF INJURY (e.g., in or about SUCIDE HOMICIDE  NON 2  21d. TIME (Month) (Day) (Year) (Hour)  INJURY NON 2  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE  NON 2  21f. HOW DID INJURY OCCUR?  NON 2  22f. LOCATION (City, town, or county)  (State of the country of the count		II. OTHER SIGNIFICAN				
98. DATE OF OPERA- NON A  19b. MAJOR FINDINGS OF OPERATION NON C  11c. ACCIDENT SUICIDE HOMICIDE HOMIC		Conditions contributing related to the disease or c	to the death but not andition causing death.			
NON A CCIDENT (Bpedly)   21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   21b. PLACE OF INJURY (Bour) street, office bidg., eve.)   NON & COUNTY)   (STATE)   NON & COUNTY   NON & COUNTY   NOT WHILE   NOT WHILE   NOT WHILE   NOT WHILE   NOT WHILE   NOT WHILE   NON & COUNTY   NON & COUNTY   NOT WHILE   NON & COUNTY   NON &		19b. MAJOR FINDINGS	OF OPERATION	* *		20. AUTOPSY?
SUICIDE  HOMICIDE  NONE  1d. TIME (Month) (Day) (Year) (Hour)  III. HOW DID INJURY OCCUR?  OF  INJURY  NONE  21f. HOW DID INJURY OCCUR?  NONE  22f. How Did Injury occur?  22f. How Did Injury occur		NON	<u></u>		4201	YES NO
HOMICIDE  Id. TIME (Month) (Day) (Year) (Hoar)  ID. TIME (Month) (Day) (Year) (Hoar)  INJURY (MORK) (MORK) (NORM)  INJURY (MORK) (MORK) (MORK) (NORM)  INJURY (MORK) (MORK) (MORK) (NORM)  INJURY (MORK) (MORK) (MORK) (MORK) (MORK)  INJURY (MORK) (MORK) (MORK) (MORK) (MORK) (MORK)  INJURY (MORK) (MORK) (MORK) (MORK) (MORK) (MORK) (MORK)  INJURY (MORK) (MOR	Ia. ACCIDENT	(Specify) 21b. P	LACE OF INJURY (a.g., in or about	21c. (CITY, TOWN, OR TO	NNSHIP) (COUNTY)	(STATE)
WHILE AT WORK NOT WHILE NOT WHILE NO NE  2. I hereby certify that I attended the deceased from	HOMICIDE 4		one			•
INJURY APREL MORK AT WORK NOW	OF .	(Day) (Year) (Hour)	L =		CUR?	
alive on 3 Dec , 19 33, and that death occurred at 7:40 A m., from the causes and on the date stated above.  3a. SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE SIGNATURE  (As. BURIAL, CREMA- (ION REMOVAL (Specifix))  5 Dec 53  E L do N  (State )  (Blate )  (Blate )  (As. DATE   Company   24d. LOCATION (City, town, or county)    (Blate   Company   25d.   25d.   25d.   25d.    (Blate   Company   25d.   25d.   25d.   25d.   25d.   25d.    (Blate   Company   25d.   25d.	INJURY N	<u> </u>	WORK LAT WORK L	NONE	<u> </u>	•
As. BURIAL, CREMA-  (Degree or title), 23b. ADDRESS  (As. BURIAL, CREMA-  (EL do N MU HBCC &  (State of Company)  (State rector by Local Registrar's Signature 192-0 25. Funeral Director's Signature ADDRESS  (State of Company)  (State rector by Local Registrar's Signature 192-0 25. Funeral Director's Signature ADDRESS  (State of Company)  (State	2. I hereby certify t	hat I attended the de	eceased from			
As. BURIAL CREMA- ION REMOVAL (Spendty)  DATE  DATE  DATE  DATE  COUNTY  ASSETS SIGNATURE  ADDRESS  ELDON  COUNTY  STATE REC'D BY LOCAL  REG.  REG.  DEC. S. 53  County  Count		<u>a C</u> , 19 3 3, a			causes and on the date sta	
ABABURIAL, CREMA- TION REMOVAL (Speedty)  Dec 53  E L do N  Dec 53  E L do N  DATE REGISTRAR'S SIGNATURE  192-0  25. FUNERAL DIRECTOR'S BIGNATURE  ADDRESS  E L do N	3. SIGNATURE	102.20	(Degree of thus)	ZIB. AUURESS	And Ma	10-5
TION REMOVAL (Brendty) 5 Dec 53 FL do N FL do N (9)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 192-0 25. FUNERAL DIRECTOR'S AIGMATURE ADDRESS  DEC. 5.53 CILILATION SCHOOL	COLL CREMA	1 24h DATE	NAME OF CEMETER	Y OR CREMATORY   24d	LOCATION (City, town, or ex	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 192-C 25. FUNERAL DIRECTOR'S & I SMATURE ADDRESS  Dec. 5:53 Chiperata Wall tell Mage Eldo N  Eldo N	TION REMOVAL (Specify			1		(M)
Dec. 5'853 Cilierretta. Walt Keith Mayer Eldon				25. FUNERAL DIRECTOR		ADDRESS
(General Embelmer's Stationarth on Rodorse Side)			the Walter	Keith M	Kays	EL-do N
/ / / / / / / / / / / / / / / / / / /	<u> </u>	3 (2)	(Licensed Embalmer's	Statement on Reverse Side)	1 1	Mo

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on	the reverse side of this c	ertificate v	vas embalme	ed by me, or	by
		Student	Embalmer	No	***************************************
working under my personal supervision.	·			,	
	1 /	1	1 -	1	,

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.

Student Embalmer