| 1. PLACE OF DEATH a. COUNTY a. COUNTY b. CITY (If outside corporate limite, write RURL) and give promise limite. Write RURL and give promise limite. Write RURL and give promise limite. Write RURL and give to give | 11 - 1814 - Amerika - 1914 | | | HEALTH OF MISSOUR | | 39903 |
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| 1. FLACE OF DEATH a. COUNTY b. CITY (If counties componed litable, write RURAL) and give propaled of the county of the place of | HLED DEC ? | 1 95 9 | STANDARD CER | TIFICATE OF DEAT | TH State | File No |
| a. COUNTY b. CITY (If outdade component limite, write a BURN your groups of the property of t | BIRTH NO | | _ REG. DIST. NO. 275 | PRIMARY REG. DIST. N | 0.5936_ Regis | itrar's No. 10 |
| ORN TOWN Company Comp | | | Tib | | ь. <u>со</u> ц | INTY - O dunimion |
| INSTITUTION INSTI | OR A | | URAL and give c. LENGTH STAY to this ; | OR OR | | |
| 3. NAME OF DECEASED DY BY STATE (Month) (Day) (Year DECEASED DY OF DEATH STATE OF DECEASED DY OF DEATH STATE OF | HOSPITAL OR | Market 1 | astitution, give street address of local | d. STREET ADDRESS | (If rural, give location) | 0800 |
| S. SEX 0 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED | 3. NAME OF DECEASED | | b. (Middle) | c, (Last) | . l OF | |
| 13a. USUAL OCCUPATION (Clive-kind of nois) 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 13c. FATHER'S N | (Type or Print) | Will STORE STORE | A MARRIED NEVER MARRIE | / LA DATE OF BIRTH | | TIP DIODER I YEAR I D' DIODER 14 102 |
| 13B. USUAL OCCUPATION (clevalind of north plane during more of writing life gave lighting) 13B. KIND OF BUSINESS OR IN. 13B. FATHER'S NAME 13B. APTHER'S NAME 13B. MOTHER'S MAIDEN NAME 13B. MOTHER'S MAIDEN NAME 15B. MOS DECEASED EVER IN U.S. ARMED FORCEST 15B. CAUSE OF DEATH 18B. CAUSE OF DEATH 1BB. CAUSE OF DEATH | 5. SEX 5 0.1 | W- | WIDOWED, DIVORCED (Spec | | | Months Days Hours Min |
| 13. MOTHER'S MADE 13. MOTHER'S MADE NAME 13. MOTHER'S MADE NAME 13. MOTHER'S MADE NAME 13. MOTHER'S MADE NAME 14. MANE OF MOTHER STATE OF MADE NAME 15. MOTHER'S MADE NAME NAME NAME NAME NAME NAME NAME NAM | 10a. USUAL OCCUPATIO | N (Citye kind of work life, even if retired) | 10b. KIND OF BUSINESS OR | | and State or Foreign Cou | 12. CITIZEN OF WHA |
| 18. CAUSE OF DEATH Rater only one outsets of the control of the co | | Name | 13b. MOTHER'S MAI | DEN NAME | 14. NAME OF HUSBAN | |
| 18. CAUSE OF DEM'H Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of sping, such as heart fediture, authenia, te is the above cruse (s) stating the such influence or compilication which caused death. In There is the such influence or condition or condition counting death. In There is the such influence or condition or | 15. WAS DECEASED EVE | yes, sign was or defea | of service) | | SIGNATURE OR N | ADDRESS |
| Enter only one outsign in the first does not mean the mode of sping, such as heart feature, authenia, it any, or compiled the mode of sping, such as heart feature, authenia, it can the discussion of the mode of sping, such as heart feature, authenia, it can the discussion of the mode of sping, such as heart feature, authenia, it can the discussion of the mode of sping, such as heart feature, authenia, it can the discussion of the mode of sping, such as heart feature to the discussion of the mode of sping, such as heart feature to the discussion of the mode of sping, such as heart feature to the discussion of the mode of sping, such as heart feature to the discussion of the mode of sping, such as heart feature to the discussion of the mode of sping, such as heart feature to the discussion of the mode of sping, such as heart feature to the discussion of the sping of the mode of sping, such as heart feature to the discussion of the sping of the mode of sping, such as heart feature, at the sping of the mode of sping, such as heart feature to the discussion of the decent of the mode of sping, such as heart feature to the discussion of the sping of the mode of sping, such as heart feature to the discussion of the decent of the decent of the discussion of the decent of the discussion of the decent of the discussion of the decent of the mode of the decent of the discussion of the decent of the decent of the discussion of t | 18. CAUSE OF DEATH | V | MEDICA | L CERTIFICATION | N. A. | INTERVAL BETWEE |
| **This does not mean the mode of dying, such as heart failure, authenia, etc. It means the discourse (a) stating but to (b) — rise to the above cause (a) stating the underlying cause last. **DUE TO (b) — rise to the above cause (a) stating the underlying cause last. **DUE TO (c) — DUE TO (c) — R discourse last the underlying cause last. **DUE TO (c) — R discourse last the underlying to the death but not related to the disease or condition causing death. **DUE TO (c) — R discourse last the underlying to the death but not related to the disease or condition causing death. **DUE TO (c) — R discourse last the underlying to the death but not related to the disease or condition causing death. **PURITY INDIVISION OF OPERATION | | I. DISEASE OR CO DIRECTLY LEAD | ONDITION ING TO DEATH*(a) | inoux, 120 | rale w | 13 niso |
| 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20a. AUTOPSY? 19c. ACCIDENT 21c. ACCIDENT 21d. ACCIDENT 31d. Day 21d. First factory, street, office bidg., etc.) 21d. TIME OF INJURY 21d. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. AT WORK 22f. AT WORK 22f. AT WORK 22f. AT WORK 22f. AND TOWNSHIP) 22f. How DID INJURY OCCUR? 22f. AT WORK 22f. AT WORK 22f. AT WORK 22f. AND TOWNSHIP 22f. HOW DID INJURY OCCUR? 22f. HOW DID INJURY OCCUR? | the mode of dying, such as heart fallure, anthenia, etc. It means the dis- | Morbid condition | s, if any, giving DUE TO (b) nuse (a) stating use last. | turkois 40 | sone | |
| 198. DATE OF OPERA. 199. MAJOR FIRDINGS OF OPERATION 198. DATE OF OPERA. 199. MAJOR FIRDINGS OF OPERATION 199. MAJOR STATE 199. MAJOR FIRDINGS OF OPERATION 199. MAJOR STATE | | Conditions contri- | buting to the death but not | tenorelevotis | C-V-Ra | leaceas. |
| SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Toar) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK INTO WHILE AT WORK AT WORK INTO WHILE A | 19a. DATE OF OPERA- TION | | | | 17 | 77 X |
| 21d. TIME (Month) (Day) (Toar) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR? WHILE AT WORK AT WORK 1951, to Nov 1953, that I last saw the deceded alive on 1952, and that death occurred at 2.55m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ANDRESS 22c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State of the county) (Degree o | SUICIDE | (Specify) | 21b. PLACE OF INJURY (e.g., in or a home, farm, factory, street, office bldg., | | OWNSHIP) (C | OUNTY) (STATE) |
| 22. I hereby certify that Lattended the deceased from Nov., 1951, to Nov., 1953, that I last saw the deceased alive on 1921, and that death occurred at 2.5 5 m., from the causes and on the date stated above. 23a. SIGNATURE 23b. ANDRESS 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE APPRESS APPRESS APPRESS APPRESS | 21d. TIME (Month) | (Day) (Year) | WHILEAT CON NOT WHILE | | XXXXIII | |
| Z3a. SIGNATURE (Degree or tille) Z3b. AEDRESS 24c. DATE SIGN 24d. LOCATION (Oity, town, or county) (Degree or tille) Z4d. BURIM. CREMA- TION, REMOVAL (Burids) DATE RECT BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE APPRESS Z5. FUNERAL DIRECTOR'S SIGNATURE APPRESS Z6. DATE SIGN APPRESS APPRESS Z6. DATE SIGN APPRESS | 22. I hereby certify t | hat Lattended | the deceased from North | at 2:55Am., from the | e causes and on the | that I last saw the decease date stated above. |
| DATE REC'D BY LOCAL REGISTERR'S SIGNATURE 25/- 25-FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 | | Sie | Degree or the | 23b. ASTRESS | Won 1 | 23c, DATE SIGNED |
| 11/25753 14. Campbellint At Thermeannithe | 24a. BURIM., CREMA TION, REMOVAL (Breath | 24b. DATE | | THE THE CONTROL OF | id. LOCATION (Oity, to | n mo |
| (Licensed Embalmer's Statement on Reverse Side) | | | SIGNATURE 25 | 5. FUNERAL DIRECT | DR'S SIGNATURE | annithetic |
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STATEMENT BY LICENSED EMBALMER

| [hereby certify that the body whose name is recorded on the reverse side of this | certificate was embalmed by me, or by |
|---|---------------------------------------|
| | Student Embalmer No |
| orking under my personal supervision. | · n |
| | 7 = 1/2 |

Signed J. F. Journal V. Signed Signed Licensed Embalmer No. 39/2

P. O. Address Mullifon M.

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.

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