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IB. CAUSE OF DEATH Enter only one occuse per Inter (or (a), (b), and (c) "This does not meen the mode of dying, such as heart failure, asthenia, the mode of dying, such as heart failure, asthenia, the such of dying, such as heart failure, asthenia, the such of death. Onditions contributing to the decth but not related to the disease or condition counting death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 11d. OTHER SIGNIFICANT CONDITIONS Onditions contributing to the decth but not related to the disease or condition counting death. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF NOWICIDE 11d. OTHER SIGNIFICANT CONDITIONS 21d. ACCIDENT SUICIDE SIGNIFICANT CONDITIONS 21d. ACCIDENT SUICIDE WORK OF NOWICIDE 21d. TIME OF NOWICIDE OF NOWICIDE 21d. TIME OF NOWICIDE OF NOWICIDE 21d. TIME OF NOWICIDE OF NOWICIDE OF NOWICIDE 21d. TIME OF NOWICIDE OF NOWICIDE 21d. TIME OF NOWICIDE OF	15. WAS DECEASED EVE (Yes, no. or unknown) (If	R IN U.S. ARMED I	FORCES? 16. SOCIA	L SECURITY	17. INFORMANT				ADDRESS AMAR Mo.
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WHILE AT WORK NOT WHILE AT WORK AT WOR	ZIa. ACCIDENT SUICIDE HOMICIDE				21c. (CITY, TOWN, OR	TOWNSHIP	, ,		(STATE)
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238. SIGNATURE (Degree of title) 236. ADDRESS Greenfield, Mo. /-/o- 246. BURIAL CREMA: 170N. REMOVAL (Breeds) Dan. 11 1954 Pemberton Cem. Dade Co. Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1-10-54 REG. C. Canada O. C. Canada O. C. Canada Completeld Me				afu	2'00 a.m. from t	he couses			
TION REMOVAL (Bywelly) Jan. 11 1954 Pemberton Cem. Dade Co. Missouri DATE RECTO BY LOCAL REGISTRAR'S SIGNATURE 478 25: FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 1-10-54 REG. C. Canada O C. Canada, Greenfield Mo		alle			23b. ADDRESS	C- 1			23c. DATE SIGNED
1-10-54 REG. J. C. Canada & J. C. Canada, Freenfield, Me	24a. BURIAL. CREMA TION, REMOVAL (Breat)	Jan. II.	. 1		1 Cem.	. Dac	1 ' 20		` •
(Licensed Embalmer's Statement on Reverse Side)	DATE REC'D BY LOCAL 1-10-54 REG	REGISTRAR'S	/ 	a 478	S. C. C.	anad	a Tree	ufiel	I mo.
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STATEMENT BY LICENSED EMBALMER

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		Student	Embalmer	Mo	·	
orking under my personal supervision.			1		2	

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.