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10. USUAL OCCUPATION (Circulted of work dome during most of working life, were it retired)  10. KIND OF BUSINESS OR IN- TITLE & Driver  13. FATHER'S NAME  13. MOTHER'S MAIDEN NAME  13. MOTHER'S MAIDEN NAME  13. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  17. INFORMANT'S SIGMATURE OR NAME  18. CAUSE OF DEATH Enter only one musp per  18. CAUSE OF DEATH Enter only one musp per  18. CAUSE OF DEATH Enter only one musp per  18. CAUSE OF DEATH Enter only one musp per  18. CAUSE OF DEATH Enter only one musp per  18. CAUSE OF DEATH Enter only one musp per  18. CAUSE OF DEATH Enter only one musp per  18. CAUSE OF DEATH Enter only one musp per  18. CAUSE OF DEATH Enter only one musp per  18. CAUSE OF DEATH Enter only one musp per  18. CAUSE OF DEATH Enter only one musp per  18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a)  28. MOTHER CONDITION DIRECTLY LEADING TO DEATH'(b)  29. MOTHER SIGNIFICANT CONDITIONS  19. MATCEDENT CAUSES  MOTHER CONDITIONS  19. MAIDE FINDINGS OF OPERATION  1				8. DATE OF BIRTH	9. AGE (In years) IF UND	ER 1 YEAR   IF UNDER 14 HES.
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18. CAUSE OF DEATH Enter only one omass per line for (a), (b), and (c)  "This does not mean the mode of eping, such as heart follows, astherials the work of eping, such as heart follows, astherials the underlying cause last.  MOTHE CONDITION DUE TO (b)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the discusse or continuous death. Tractural R. Manuall F.   Innue  12. ACCIDENT SHORTOR HORTOR	15. WAS DECEASED EVE (Yes, no. or unknown) (If	R IN U.S. ARMED F	ORCES? 16. SOCIAL SECURITY	17. INFORMANT'S	SIGNATURE OR NAME e Berry Miller Mo	ADDRESS
Morbid conditions, if any, giving DUE TO (b) Sanker York (March of String) as heart falture, asthermia, atc. It means the discase or complication which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS:  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SOCIETY  SOCIETY  SOCIETY  19b. MAJOR FINDINGS OF OPERATION  21c. Injury (See, in or about by more bidg., even)  19c. ACCIDENT  SOCIETY  SOCIETY  SOCIETY  19b. MAJOR FINDINGS OF OPERATION  21c. Injury (See, in or about by more bidg., even)  19c. ACCIDENT  SOCIETY	18. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR CO	ONDITION Q	S in Care	wide to Internet	INTERVAL BETWEEN ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition counting death. PlaceLine P. Manchief J.   190. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   190. MAJOR FINDINGS OF OPERATION   190. MAJOR FIND	the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid conditions	, if any, giving DUE TO (b) Backuse (a) stating se last.	ken nicke,	Crushed Rib	-  - •
21a. ACCIDENT SUPERIOR HOMISHOE Accident  21b. PLACE OF INJURY (e.g., in or about barne, farm, factory, street, office bldg., sto.)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (COUNTY  (COUN	tion which caused death.			und P. mans	sile + J. / Three	
SHOCTOR HOMIONE Accident later against server, office bidg., sec.)  Homione Accident later against server, office bidg., sec.)  Link (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DIDANJURY OCCUR?  INJURY fan. 4 - 1954 3:pm. Work Nor while work At work At work Occurred at 3:00p m., from the causes and on the date stated above.  21. I hereby certify that I attended the deceased from At work Occurred at 3:00p m., from the causes and on the date stated above.  23a. SIGNATURE (Degree or titled) 23b. ADDRESS 23c. DATE SIGNE TION, REMOVAL (Breatty) Jan. 8 1954 Greenfield Greenfield Mo.  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 47 ) 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R. Allison Greenfield Mo.	19a. DATE OF OPERATION	196, MAJOR FINE	DINGS OF OPERATION		er to the many of	YES NO Z
OF INJURY fan. 4-1954 3:Pa. WHILE AT WORK AT WORK Can't funds the decease of the work of the causes and on the date stated above.  22. I hereby certify that I attended the deceased from Atwork of the causes and on the date stated above.  23a. SIGNATURE (Degree or titled) 23b. ADDRESS 23c. DATE SIGNE OF CREMATORY 24d. LOCATION (Oity, town, or county) (State)  24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State)  24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State)  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 47 ) 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS  1-8'-54 REG. (August 1) W.R. Allison Greenfield Mo.	21a. ACCIDENT SUICIDE HOMIGHOE ACCU	(Brockly)	home, farm, factory, street, office bidg., etc.)	Greenfield	me hoth Lup.	blade, Mo
alive on	OF			l _		
23c. SIGNATURE  (Degree or title)  23c. ADDRESS  (Degree or title)  23c. DATE SIGNE  (State)  24d. LOCATION (Oity, town, or county)  (State)  DATE RECORD BY LOCAL  DATE RECORD BY LOCAL  REGISTRAR'S SIGNATURE  1-8'-5'4'  REGISTRAR'S SIGNATURE  1-8'-5'4'  REGISTRAR'S SIGNATURE  1-8'-5'4'  P.R. Allison Greenfield Mo.			he deceased from _After and that death occurred at	3:00p m., from the		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  1-8'-54' REG.  W.R. Allison Greenfield Mo.  W.R. Allison Greenfield Mo.		Ellin	(Degree or title)	Leenfile	I mo.	23c. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 47 ) 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS  W.R. Allison Greenfield Mo.		Jan.8 19	1	1	Greenfield Mo	
	DATE REC'D BY LOCAL	REGISTRAR'S S		25. FUNERAL DIRECTO		ADDRESS
	<u> </u>	<del>' (                                   </del>	(Licensed Embalmer's			

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of	f this certificat	e was embaln	ned by me, or by	·
	Stude	nt Embalmor	to	
corking under my personal supervision.			•	
	1	00	<i>,</i> `	

Licensed Embalmer No. 4409

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.