.300	1 6460	THE DIVISION OF HEALTH OF MISSOURI					
-48	MED FEB 1	1954	STANDARD CERT	IFICATE OF DEATH	State File N	1103	
0	BIRTH NO		REG. DIST. NO. 160	PRIMARY REG. DIST. NO	5592 Registrar's	No. 6	
ا مح	I. PLACE OF DEA	TH		2. USUAL RESIDENCE		institution: residence before	
it	a. COUNTY Je	EFERS	SON	a. STATE MISSOUR	b. COUNTY	EFFERSON	
1	b. CITY (If outside cor OR TOWN	purate limite, write l	RURAL and give C. LENGTH ( township) STAY (in this pl	OF c. CITY	· d.:	is Residence within timits of city or incorporated town? Yes No No.	
9	/ 4/	<u> </u>	4C/// AA I		ural, give location)	0800	
RECÓRD	d. FULL NAME OF (11 not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MT. View NURSING HOME			ADDRESS RH	II- "ADDRESS 1/ 11		
RE	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Mon	th) (Day) (Year)	
μV	(Type or Print)	ANNO	2	(Idams	OF DEATH	-25-54	
PERMANENT	5. SEX   6. 0	OLOR OR RACE	7. MARRIED, NEVER MARRIED	2   8. DATE OF BIRTH	9, AGE (In years IF t	DEDER I YEAR   F ORDER M H24.	
2	EMALE V	VhiTa	WIDOWED, DIVORCED (Specific	Oct. 11 187	77 76	the Days Hours Min.	
Ž.	10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINESS OR I	N- 11. BIRTHPLACE (City and	State or Foreign Country)	12. CITIZEN OF WHAT	
ER	House during most of working	s life, even if retired)	ONN HOME	STOCKARAGE	2 at 4/1/001	COUNTRY	
P.	13a. FATHER'S NAME	VV &	135. MOTHER'S MAID	EN NAME 14.	NAME OF HUSBAND OR		
∢	11.11.11		Dages	-7 <del>/</del>	<u></u>	· · · · ·	
KE	15. WAS DECEASED EVE	N / /	FORCES?   16. SOCIAL SECURIT	Y 17. INFORMANT'S SI	GNATURE OF NAME	ADDRESS	
AB		res, give war or date			$\rho$	110 1-	
-₩-		*	MEDICAL	CERTIFICATION	und Juli	INTERVAL BETWEEN	
	ONSET AND DE						
INE	line for (a), (b), and (c)	DIRECTLY LEAD	DING TO DEATH*(a)	Cio Vn seuldr	11:30050	/W/S	
×	*This does not mean ANTECEDENT CAUSES A. P						
CK	the mode of dwing, such Morbid conditions, if any, civing DUE TO (b) 1975/8/8 437/716 COTE 19093					one Months	
BLA	as heart failure, asthenia, true to the above cause [ u / starting						
	etc. It means the dis- asse, injury, or complica- DUE. TO (c)						
Z	tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS		·			
ī		Conditions contri related to the disc	ibuting to the death but not ase or condition causing death.	•			
UNFADING			DINGS OF OPERATION				
Z.	TION		• .		151	X YES NO 12	
rs l	1 SUICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or abo home, farm, factory, street, office bidg., et		SHIP) (COUNTY	) (STATE)	
SIN	HOMICIDE						
Ď.	21d. TIME (Month)	(Day) (Year)	(Hour) 21e. INJURY OCCURRE WHILEAT   NOT WHILE	D 21f. HOW DID INJURY OCCU	iki ·		
[] \	INJURY	<u> </u>	WORK AT WORK				
2.	2. I hereby certify that I aftended the deceased from Bec. 17, 1953, to Jan. 25, 1957, that I last saw the deceased						
	alive on Ala		4, and that death occurred		uses and on the date s	lated above.	
PLAINLY	23a. SIGNATURE	<i>/</i> /	Degree of Male	23b. ADDRESS		23c. DATE SIGNED	
ł	17/7	Do	med M. A	1/2 mususa	Martelle	11-27-54	
VRITE	24a, BURIAL, CREMA- TION, REMOVAL (Spealty)	24b. DATE	240. NAME OF CEMET	ERY OR CREMATORY   24d. L	OCATION (city, town, or	cyunty) (State)	
E	TION, REMOVAL (Breatly)	1- 22	-54 60 110	L: (Variation)	Ection !	1110	
*	DATE REC'D BY LOCAL	REGIETERAR'S	SIGNATURE 445	C. 25 FUNERAL DIRECTOR'	B STENATURE	ADDRESS	
	1-27-1REG	4110	MALINIO	2)	( Hint (	austall't	
Į.	V_ # 1-21-76	unur	(licensed Finhalmer	Statement on Revoke Side)	VMULL C	Walle May	
	/		/rucsuzen erutarines	Advenuent on stance outs)	-		

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JAN 3 0 1954

v 7 1053

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

DATE RECEIVED

working under my personal supervision..

Student.....Signature of Student Embalmer

Licensed Embalmer No 34

P. O. Address Crystal

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

this body is not empairmed, fact should be so stated above