STANDARD CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. UBCAL RESIDENCE (When desaud lived. It institution, restance before the country of the state of the country of the country of the state of the country of the c			THE DIVISION OF HE	ALTH OF MISSOU	Ki	
1. PLACE OF DEATH a. COUNTY Death of the property of the prope	FILED APR	5 1954	STANDARD CERTIF	ICATE OF DEA	TH State	, File No. 8170
a. COUNTY b. CITY CII contains protein males, write RURAL and stree b. CITY CII contains protein males, write RURAL and stree b. CITY CII contains protein males, write RURAL and stree b. CITY CII contains protein males, write RURAL and stree b. CITY CII contains protein males, write RURAL and stree contains protein males contains protein			4 REG. DIST. NO. ///	PRIMARY REG. DIST.	NO. 4173 Regi	strar's No. 11
TOWN OF PILL NAME OF CIT and its banghal or loadination, give street address or location) OF PILL NAME OF CIT and its banghal or loadination, give street address or location) JAMES OF DECEASED ("Type or Print) J. NAME OF CIT and S. ("First) DECEASED ("Type or Print) J. S. SEX OF CLOR OR RACE T. MARRIED, NEVER MARIED, NEVER MARRIED, NEVER MARIED, NEVER MARI		HTO VO /AS		2. USUAL RESIDE	NCE (Where deceased in b. CO	ived. If institution: residence before UNTY O2 4 7
ADDRESS ADDRESS A DATE (Month) (Day) (Year) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MERCHANDER 8. DATE OF BIRTH 9. AGE (15. wash brokker) 10. KIND OF BUSINESS OR IN. 11. BIRTHPLACE (City, and State or Foreign Century) 10. LISUAL OCCUPATION ((Ive kibid of work down drings mont of working tile, wren if reduced) 10. KIND OF BUSINESS OR IN. 11. BIRTHPLACE (City, and State or Foreign Century) 12. CITYLEROF WHAT CUNTERY) 13. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR FIFE 15. WAS DECERCEDEVER IN U. S. ARMED FORCESS 16. SOCIAL' SECURITY (Virgue) 17. INFORMANT'S STORATURE OR NAME 12. CITYLEROF WHAT CUNTERY) 17. INFORMANT'S STORATURE OR NAME 18. AME OF HUSBAND OR FIFE 18. ACCIDENT (10.) (0.), and (0.) 18. ACCIDENT (10.) (18. ACC	OR 1	porate limite, write	RURAL and give c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Sou	der	d. la Residence within limits of a city or incorporated town?
DECEASED OF Phint OF Phi	d. FULL NAME OF O HOSPITAL OR INSTITUTION	if not in hospital or	institution, give street address or location)	• STREET ADDRESS	(If rural, give location)	200NT4 0170
S. SEX 6, COLOR OR RACE 7, MARRIED NEVER MARRIED 8, DATE OF BIRTH 9, AGE (to years with which without the control of t	3. NAME OF DECEASED		b. (Middle)	c. (Last)	4. DATE	(Month) (Day) (Year)
MICOMED DIVORCED (egocity) Date INSUAL OCCUPATION (Give kind of work) Date of the insuance of working tile, were if rections) AND CONTROL SA. FATHER'S NAME DEED CONTROL SA. CAUSE OF DEATH Anter only one custoper in factor on the father one control SA. CAUSE OF DEATH CONTROL SA. CAUSE OF CONTROL WORK TO THE SAL CONTROL WORK TO THE SAL CONTROL SAL CONTROL SAL CONTROL SAL CONTROL SAL CONT			Charles			
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No.	Dewey	Cook	Axudy 51	45TiNO		
B. CAUSE OF DEATH				17. INFORMANT'S	SIGNATURE OR I	AME ADDRESS
MEDICAL CERTIFICATION	Xa	Ami hina mai or care	Nove	Dower	Cook	Souder No.
*This does not mean the mode of syring, such as heart fellure, exthenial, ties. If means the discussion which caused death. DUE TO (b) DUE TO (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition custing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE SUICIDE HOMICIDE OF HOMICIDE 11d. (Day) (Year) (Hour) OF HIJURY 12l. ACCIDENT SUICIDE HOMICIDE 12l. How DID INJURY OCCURTE WORK AT WORK 22l. Hereby certify that I attended the deceased from 2 2 1994, to 2 25, 1984, that I last saw the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and that death occurred at 3 1984 and the deceased alies on 2/2 is 1984 and the deceased alies on 2/2 is 1984 and the deceased alies on 2/2 is 1984	Enter only one cause per	I. DISEASE OR O	CONDITION	CERTIFICATION/	teleclas	INTERVAL BETWEEN OMBET AND DEATH
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22. I hereby certify that I attended the deceased from 2-23, 1954, to 2-25, 1954, that I last saw the deceased alive on 2/8 s , 1954, and that death occurred at 3 form., from the causes and on the date stated above. 23a. STONATURE Degree artitle) 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION REMOVE Associaty 24d. LOCATION (City, town, or county) (State) TON REMOVE Associaty 25. FUNERAL DIRECTOR'S SIGNATURE REG. Testals Bushinger May 6-5	OF	(Day) (Year)	WHILEAT [" NOT WHILE ["]	211. HOW DID INJURY	OCCUR?	
23a. STONATURE Degree of title 23b. ADDRESS 23c. DATE SIGNED	• • •	_ , _	the deceased from 2-25			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 84-6 25. FUNERAL DIRECTOR'S SIGNATURE ANDRESS May 6-54 Vistals Bushner		Hver			sulle :	23c. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 84-0 25. FUNERAL DIRECTOR'S SIGNATURE ANDRESS Mas. 6-54 Vistal Bushner		24b. DATE 2-26	131	Y OR CREMATORY 2	Ad. LOCATION (City, to	wn, or county) (State)
(Licensed Embalmer's Statement on Reverse Side)		REGISTRAR'S		25. FUNERAL DIRECT	OR'S SIGNATURE	AWDRESS
	1-11-00		(Licensed Embalmer's S	tatement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

I hereby certi	fy that the boo	ly whose name	is reco	orded on the	reverse a	side of this certification	ate was emb
by me, or by						. Student Embalmer	No
			15	1 1	1		

working under my personal supervision. In by sed

Student Signature of Student Embelmer Signature

Licensed Embalmer No.....

P. O. Address......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

to comply with the above constitutes grounds for revocation of license).

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

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