BIRTH NO. REG. DIST. NO. 13 1 PRIMARY REG. DIST. NO. 36 13 Registers No. 45 I. PLACE OF DEATH a. COUNTY D. CITY (II contains corporate limits, with a RURAL and etre township) STAY (is the backet corporate limits, with a RURAL and etre township) STAY (is the backet corporate limits, with a RURAL and etre township) STAY (is the backet corporate limits, with a RURAL and etre and analysis of the contained limits of the state of	FILED JUN	11 1061	THE DIVISION OF HE	ALTH OF MISSOU	RI .	15635
BIRTH NO. REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3013 Registrary No. 445 L. CLENTH OF L. CLEN	11-42 0011	T # 1304	STANDARD CERTIF	ICATE OF DEA	TH . Stat	File No
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HOSPITAL DR	OR	rpurate limits, write R	township) STAY (in this place)	ُ روم 🕜 🛚	orate limits, write RURAL	and give township:
Composition	d. FULL NAME OF HOSPITAL OR INSTITUTION	Of not in hospital or in	natitution, give street address or location) Carter	d. STREET ADDRESS	(If rural, give location) N Car	ter
S. SEX O 6. COLOR OR RACE IN MARRIED, INVER MARRIED, WORTH MARRI		a. (First)	b. (Middle)	Cook	4. DATE OF DEATH	
IDA. ESUAL OCCUPATION (Circ alsed drock) Start Father's make 13b. MOTHER's MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 144. MARE OF HUSERND OR HITE 145. MANE OF HUSERND OR HAVE 165. MANE OF HUSERN OR HAVE 165. MANE OF HUSERND OR HAVE 165		COLOR OR RACE	WIDOWED, DIVORCED (Booding)	8. DATE OF BIRTH	9. AGE (In y	esre If UNDER : YEAR of DEDGE M ROS. Months Days Hours Min.
13. FATHER'S NAME COLT QUE WORK 15. WAS DECESED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 16. CAUSE OF DEATH Enter only one occusion per 16. Incomplication of the mode of dyring, such was an data with the mode of dyring, such was an data with the mode of dyring, such was an data with the mode of dyring, such was an data with the mode of dyring, such was an data with the mode of dyring, such was an data with the mode of dyring, such was an data with the mode of dyring, such was an data with the mode of dyring, such was an data with the mode of dyring, such was an data with the mode of dyring, such was an data with the mode of dyring, such was an analysis of the death but not count which caused death. ANTECEDENT CAUSES ANTECEDENT CAUSES 11. OTHER SIGNIFICANT CONDITIONS 12. DATE OF OPERATION 13. MAJOR FINDINGS OF OPERATION 14. ACCIDENT SUICIDE 15. MAJOR FINDINGS OF OPERATION 16. MAJOR FINDINGS OF OPERATION 17. INFORMANT'S SIGNATURE OR NAME 17. INFORMANT'S SIGNATURE OR NAME 18. SOCIAL SECURITY 18. NAME OF HUSBAND OR WIFE 18. SOCIAL SECURITY 18. INFORMANT'S SIGNATURE OR NAME 18. NAME OF HUSBAND OR WIFE 19. NAME OF HUSBAND OR WIFE 18. NAME OF HUSBAND OR WIFE 19. NAME OF COMMITTY 19. NAME OF CREMETERY OR CREMATORY 21. NAME OF CREMETERY OR CREMATORY 22. DATE SIGNE 23. SIGNATURE 24. BURIAL CREAM INTERCEDENT SIGNATURE 24. BURIAL CREAM INTERCEDENT SIGNATURE 24. BURIAL CREAM INTERCEDENT SIGNATURE 24. DATE RECORD BY LOCAL 25. FUNERAL DIRECTOR'S SIGNATURE 26. CREMETERY OR CREMATORY 26. LOCATION (Oily, town, or county) 26. CREMETERY OR CREMATORY 26. LOCATION (Oily, town, or county) 27. DATE RECORD BY LOCAL 28. SIGNATURE 29. LOCAL REGISTRAYS SIGNATURE 29. LOCAL REGISTRAYS SIGNATURE 21. LOCAL REGISTRAYS SIGNATURE 24. LOCAL REGISTRAYS SIGNATURE 24. LOCAL REGI	deterdaring most of worki		10b, KIND OF BUSINESS OR IN-	T	y and State or Foreign Co	D 12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEMSED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY IN C. 18. CAUSE OF DEATH Enter only one causes per line for (a), (b), and (c) *This does not meen the mode of dring, such as heart fellows, artheristic cause, injury, or complication which caused death. APPENDENT CAUSES MODICAL CERTIFICATION MEDICAL CERTIFICATION MITERVAL SETWED MITERVAL SETWED MOST AND ORDERS MITERVAL SETWED MITERVAL SETWED MITERVAL SETWED MITERVAL SETWED MITERVAL SETWED MITERVAL SETWED MOST AND ORDERS MOST AND	13a. FATHER'S NAME	W Consi		NAME	1541 11	ND OR WIFE
B. CAUSE OF DEATH Enter only one cause of the mode of diging, such as heart failure, authenia, etc. It means the discase, injury, or complice case, injury, or complice case, injury, or complice tion which caused death. 198. DATE OF OPERA! 10. THEN SIGNIFICANT CONDITIONS DUE TO (c) DUE TO (c)	15. WAS DECEASED EVE		FORCES? 16. SOCIAL SECURITY			NAME ADDRESS
Ease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (a.g., in or about blodg, eve.) SUICIDE HOMICIDE 11d. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED AT WORK AT WO	Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT C. Morbid condition rise to the above c	ONDITION ING TO DEATH*(a) AUSES a, if any, giving DUE TO (b) muse (a) stating use last.	forted?	much	ONSET AND DEATH
19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE WORK AT WORK 27, 1924, to find that I last saw the decease alive on farm 2, 1924, and that death occurred at farm, from the causes and on the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS C. C. M. A. C. C. M. A. D. C. M. A. M. A. D. C.	case, injury, or complica-		FICANT CONDITIONS	· : 4 / · ·		
SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT WORK	19a. DATE OF OPERA- TION			· .	54	//00 l − m.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED WHILE AT WORK AT WORK 27, 19 14, 10 4, 1814, that I last saw the decease alive on 1, 19 14, and that death occurred at 1 10 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED OF CREMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) OF THE O	שוורות	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (
22. I hereby certify that I attended the deceased from May 27, 1954, to from 4, 1914, that I last saw the deceased alive on form 2, 1924, and that death occurred at from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) 25: FUNERAL DIRECTOR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE 26. ADDRESS 27. 1954, that I last saw the deceased from May County (Oity, town, or county) 25: FUNERAL DIRECTOR'S SIGNATURE 26. ADDRESS 27. 1954, that I last saw the deceased from May County (Oity, town, or county) 25: FUNERAL DIRECTOR'S SIGNATURE 26. ADDRESS 27. 1954, that I last saw the deceased from May Clinton Ma	21d. TIME (Month)	(Day) (Year)	WHILEAT NOT WHILE	21f. HOW DID INJURY	OCCUR7	+
23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)			the deceased from May 2			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OF COMPANY SIGNATURE ADDRESS PLANCE OF SIGNATURE OF S		e Skur.		23b. ADDRESS	ton m	23c. DATE SIGNED 6-6-34
June 6-54 Florence adair Sickman-Danning Clinton M.	24a. BURIAL, CREMA	د د دا (د		Le Cicia	Henry	cown, or county) (State)
(Licensed Embalmer's Statement on Reverse Side)	DATE REC'D BY LOCA	HEGISTRAR'S	A (A () ' .)	SickMan	Λ	g Clinton Mo
	-		(Licensed Embalmer's	Statement on Reverse Sid	e)	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side					
working under my personal supervision.	/	D(1)	1	******

Licensed Embalmer No. 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.