FIG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4553 Registror's No. 72 Interpretation Plant	FILED JUN 14	1987 STANDARD CERTIF		State File No. 17759
2 USUAL RESIDENCE (Where decembed lived.) If Lattitython: mistered is a. COUNTY 2 b. CITY (it outside corporary finds, write RURAL pad give township) STAY (it ship shows to the ship ship ship ship ship ship ship ship	BIRTH'NO.			_
OR TOWN Company Compa		elit	2 USUAL RESIDENCE (Who	ere deceased lived. If institution: residence before
HOSTITUTION NAME OF a. (Pirst) D. (Middle) D. (Llast) A. DATE (Moulth) (Day) (Year) OECCASCD (Pyrgor Print) D. (Middle) D. (Middle) D. (Llast) D. (Middle) D	1 OR	finite, write RURAL and give C. LENGTH OF STAY (in this place	oll OR -7/1/ //-	d to Resignee within limits of a city of incorporated town? Yes No
Composition	d. FULL NAME OF (If not in HOSPITAL OR INSTITUTION	pospital or institution, give street address or location)	STREET All rural, et ADDRESS Manss	re location) ald Mo. 1140
S. SEX 5. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. DATE OF BIRTH 9. AGE its sensit of both public will be will be be bridged by willowed by UNDOWED DIVORCED (objected) 10. DATE OF BIRTH 9. AGE its sensit of both public will be be been been been been been been b	DECEASED			UE , , ,==3, ,===,
11. SIJAL OCCUPATION (Cive kind of work done during most of working Uit, we sal freidend) 12. CHITZENOFW 13. FATHER'S NAME 14. NAME OF HUSBAND OR FIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. CAUSE OF DEATH 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH 19. CAUSE OF DEATH 19. CAUSE OF COMDITION 19. DISEASE OR CONDITION 19. DISEASE OR CONDITION 19. DATE OF OPERA 20. DATE OF OPERA 21. DATE 22. DATE OF OPERA 23. DATE 24. DATE 24. DATE 24. DATE 25. PARESIGN 25. PARESIGN 25. PARESIGN 26. DATE 26. DATE 26. DATE 26. DATE 27. DATE 28. DATE 29.		OR*RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years if those I year if those is his.) Last birthday) Months Days Hours Min.
13b. MOTHER'S MANE 13b. MOTHER'S MANE 13b. MOTHER'S MANE 14c. MANE OF HUSBAND OR WIFE 15c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po, or unknown) (If yes, pire war or date of earlier of policy or not maked or unknown) (If yes, pire war or date of earlier of policy or not maked or unknown) (If yes, pire war or date of earlier or pire) (If yes, pire war or date of earlier or pire) (If yes, pire war or date of earlier or pire) (If yes, pire war or date of earlier or pire) (If yes, pire war or date of earlier or pire) (If yes, pire war or date of earlier or pire) (If yes, pire war or date of earlier or pire) (If yes, pire war or date of earlier or pire) (If yes, pire war or date of earlier or pire) (If yes, pire war or date of earlier or pire) (If yes, pire war or date of earlier or pire) (If yes, pire) (If	done during most of working life, ev	kind of work 10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City and State	cr Foreign Country) 12. CITIZEN OF WHAT COUNTRY?
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY (Yes., po, or unknown) (If yes., zive war or dates of service) IS. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such a heart fallure, eathering, etc. It means the discussion which caused death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not cause, and in the underlying cause last. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not cause of death. SUICIDE HOMICIDE III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discusse or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discusse or condition causing death. Possible of the cause of the cause of the death but not related to the discusse or condition causing death. Possible of the cause		13b. MOTHER'S MAIDEN		OF HUSBAND OR WIFE
18. CAUSE OF DEATH Enter only one cause ger line (or (a), (b), and (c) *This does not mean the mode of sying, such the mode of sying, such the mode of sying, such the underlying cause last. *Morbid conditions, if any, gieing DUE TO (b) rise to the above cause (a) stating the underlying cause last. *DUE TO (c) *This does not mean the discase or condition the inderlying cause last. *Morbid conditions, if any, gieing DUE TO (b) rise to the above cause (a) stating the underlying cause last. *DUE TO (c) *II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. *ISO. **DIATE OF OPERA.** **TION **II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS Conditions, if any, gieing DUE TO (b) **III. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS COUNTY) **III. OTHER SIGNIFICANT CONDITIONS COUNTY) **III. OTHER SIGNIFICANT CONDITIONS COUNTY) **III. OTHER SIGNIFICANT COUNTY **III. OTHER SIGNIFICANT CONDITIONS COUNTY) **III. OTHER		.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	112 01 211	TURE OR NAME ADDRESS
This does not mean the mode of dying, such as heart failure, authenia, etc. It means the discusse, injury, or complication which caused death. **DUE TO (c) **II. OTHER SIGNIFICANT CONDITIONS **DUE TO (c) **III. OTHER SIGNIFICANT CONDITIONS** **DOATE OF OPERATION** **III. OTHER SIGNIFICANT CONDITIONS** **Onditions contributing to the death but not related to the discusse or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS** **Onditions contributing to the death but not related to the discusse or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS** **Onditions contributing to the death but not related to the discusse or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS** **Onditions contributing to the death but not related to the discusse or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS** **III. OTH	Enter only one cause per 1. DIS	MEDICAL MEDICAL	CERTIFICATION	LINTEDUAL DETWEEN
the underlying cause last. DUE TO (c) 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 10b. More of the underlying cause last. 19c. DATE (Bpecify) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., eve.) 19c. DATE (Bpecify) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WORK A TWORK 21f. HOW DID INJURY OCCUR? 22c. I hereby certify that I attended the deceased from More will allow on the date stated above. 23a. SIGNATURES 24c. NAME OF CEMETERY OR CREMATORY DATE BECORD I LOCAL BEGISTARYS SIGNATORS 24d. DATE BECORD II LOCAL BEGISTARY SIGNATORY 24d. DATE BECORD II LOCAL BEGISTARY SIGNATORS 24d. DATE BECORD II LOCAL BEGISTARY SIGNATORY 24d. DATE BECO	*This does not mean ANTE	old conditions, if any, giging DUE TO (b)	<u> </u>	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., eve.) HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT	etc. It means the dis- ease, infury, or complica-	o the down cause (a) staining inderlying cause last. DUE TO (c)		
TION 21a. ACCIDENT SUICIDE SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21d. TIME OF INJURY (Month) OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WORK AT WORK 21f. HOW DID INJURY OCCUR? 22f. I hereby certify that I attended the deceased from Month Work 22. I hereby certify that I attended the deceased from Month Work 22	Cond	itions contributing to the death but not		
SUICIDE SUICIDE Suicide Suici	19a. DATE OF OPERA- TION	MAJOR FINDINGS OF OPERATION		/20/
22. I hereby certify that I attended the deceased from May 31 19 19, to 19 19, that I last saw the deceased alive on 19 1, 19 1, and that death occurred at 12 Am., from the causes and on the date stated above. 23a. SIGNATURES (Degree or title) 24a. BURIAL, CREMA- TION, REMOVAL specify) 24c. NAME OF CEMETERY OR CREMATORY DATE BECO BY LOCAL BEGISTARY SIGNAPORP 24c. NAME OF CEMETERY OR CREMATORY DATE BECO BY LOCAL BEGISTARY SIGNAPORP 24d. LOCATION (City, town, or county) (State Company 1 24d. LOCATION (City, town, or county) DATE BECO BY LOCAL BEGISTARY SIGNAPORP 24d. STATURE ADDRESS ADDRESS 25. FUNGGAL DIRECTOR'S SIGNAPORP ADDRESS	21a. ACCIDENT (Specify: SUICIDE HOMICIDE) 21b. PLACE OF INJURY (e.g., in or about home, farm, fastory, street, office bldg., etc.)		(COUNTY) (STATE)
alive on 1 attended the deceased from 12 Am., from the causes and on the date stated above. 23a. SIGNATURES (Degree or title) 23b. ADDRESS 23c. DATE SIGN 24a. BURING. CREMA- 24b. DATE TION, REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAT'S SIGNATURE ADDRESS 23c. DATE SIGN (State Complete	21d. TIME (Month) (Day) OF INJURY	WHILE AT NOT WHILE		
23a. SIGNATURES (Degree or title) 23b. ADDRESS 23c. DATE SIGN 24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) DATE BEC'D BY LOCAL BEGISFART'S SIGNAPAGE? 23c. DATE SIGN (State 23c. DATE SIGN (State 24d. LOCATION (City, town, or county) (State 24d. LOCATION (City, town, or county) (State 25. FUNERAL OI RECTOR'S SIGNAPAGE) ADDRESS	22. I hereby certify that I alive on May 3!	attended the deceased from 2 3		_, 19, that I last saw the deceased and on the date stated above.
24s. BURIAT. CREMA- TION REMOVAL (specify) ATTION REMOVAL (specify) DATE BEC'D BY LOCAL BEGISTRAT'S SIGNATURE ADDRESS ADDRESS	3a. SIGNATURAS	remon 2 (Degree or title)	23b. ADDRESS Mangella	mo 230. DATE SIGNED
Date Bot D b) for the family but a pick by the family by t	24a. BURIAL, CREMA- TION REMOVAL (Specify)	DATE 240. NAME OF CEMETER	Cemetery Man	Sule Messour
(Licensed Embalmer's Statement on Reverse Side)	DATE BEC'D BY LOCAL BEG.	Turking 8	Now S. Te	rrell, Mansfield W.

othe Filed JUN 1 2 1954

esol or applications

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	s certificate was emb
by me, or by, Student E	Imbalmer No

working under my personal supervision..

Student Signed Ow I Terrel

Licensed Embalmer No.

P. O. Address Managerell....
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.

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