W- 000	п				ALTH OF MISSOURI	30400				
No. 300			STAND	ARD CERTIF	ICATE OF DEAT	00-E00				
10.48	FILED SEP	27 1954	REG. DIST.	но. 137	PRIMARY REG. DIST. NO	. 4218 Registrar's	N35			
	I. PLACE OF DEA a. COUNTY	lury			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE D. COUNTY admission)					
0 1	b. CITY (II outside cor OR		RURAL and give		OR O					
А	TOWN /	wasas		1/8 mos.	June (June 1) 40 -					
RECORD	d. FULL NAME OF (I HOSPITAL OR INSTITUTION	If not in bospital or i	institution, give str	est address or location)	d. STREET (II rural, give location) ADDRESS 306 & Colt					
2	3. NAME OF DECEASED \ A	a. (First)	_	b. (Middle)	c. (Last)	4. DATE Antomi	b) (Day) (Year)			
	(Type or Print)	/ILL/A/	M = G	ORTEZ	HINDSON	DEATH SEASO	t. 16 1954			
2	(COLOR OR RACE	1 7. MARRIED.	NEVER MARRIED, /	8. DATE OF BIRTH		HOER I TEAR OF UNIDER AL HOS.			
PERMANENT	male (white	WIDOWED.	DIVORCED (BARBLE)	July 20, 18	72 last birthday) Mon	1 1			
2	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR dome during most of working life, even if retired)				11. BUSTHPLACE (CLY	and State or Foreign Country)	COUNTRY?			
翼	Jarmir				Benion Co.	until Mo.	usa			
	13am FATHER'S NAME	7	136.	MOTHER'S MAIDEN	NAME O 1	4 NAME OF HUSBAND OR	HIFE PL			
4	() m 24	udson	1/ [8	Ullw Ll	Island b	siisil suur	w Huason			
MAKE	WAS DECEASED EVE	R IN U.S. ARMED		SOCIAL SECURITY	17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS			
_ 3	ا نما	TOO PITO WAT OF CLASS	of service)	nano) NO.	MASS LISC 2	Judgon 1/hu	idaas Ma			
Ą	700	PROTO		MEDICAL (CERTIFICATION		INTERVAL BETWEEN			
INK-	18. CAUSE OF DEATH Enter only one cause per	I, DISEASE OR C	CONDITION DING TO DEATH	<i>[</i>] -	to Corona	sei Thrombon	I ONSET AND DEATH			
				(6)						
	line for (a), (b), and (c)			(8)	-01 -1	1				
CK	*This does not mean	ANTECEDENT C	AUSES	(-)		J				
CK	<u> </u>	ANTECEDENT C Morbid condition rise to the above	AUSES ns, if any, giring cause (a) stating	(-)		0				
	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	ANTECEDENT C	AUSES ns, if any, giving cause (a) stating use last.	DUE TO (b)						
BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT C Morbid condition rise to the above the underlying co	CAUSES ns, if any, giving cause (a) stating tuse last.	DUE TO (b)						
BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	ANTECEDENT C Morbid condition rise to the above the underlying ca II. OTHER SIGNI Conditions contri	causes (a) stating cause (a) stating ruse last. IFICANT CONDITIONS to the deat.	DUE TO (b) DUE TO (c) TIONS' h but roof						
BLACK	This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.	ANTECEDENT C Morbid condition rise to the above the underlying ca II. OTHER SIGNI Conditions contri related to the dise	AUSES ns, if any, gisting cause (a) starting ruse last. FICANT CONDITIONING to the deat age or condition of	DUE TO (b) DUE TO (c) FIONS' h but not pusing death.		0	L MANTARONA			
BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT C Morbid condition rise to the above the underlying ca II. OTHER SIGNI Conditions contri	AUSES ns, if any, gisting cause (a) starting ruse last. FICANT CONDITIONING to the deat age or condition of	DUE TO (b) DUE TO (c) FIONS' h but not pusing death.		4201	20. AUTOPSY? YES NO			
UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION	ANTECEDENT C Morbid condition rise to the above the underlying co 11. OTHER SIGN Conditions contri related to the dise 19b. MAJOR FIN	CAUSES ne, if any, giving cause (a) stating muse last. IFICANT CONDITION to the deat are or condition of IDINGS OF OPE. 21b. PLACE OF I	DUE TO (b) DUE TO (c) FIONS! h but not nusting death. RATION ,2 9	21c. (CITY, TOWN, OR TO		YES NO K			
UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION	ANTECEDENT C Morbid condition rise to the above the underlying ca II. OTHER SIGNI Conditions contri related to the dise	CAUSES ne, if any, giving cause (a) stating muse last. IFICANT CONDITION to the deat are or condition of IDINGS OF OPE. 21b. PLACE OF I	DUE TO (b) DUE TO (c) FIONS h but not outing death. RATION .; ;	21c. (CITY, TOWN, OR TO	WNSHIP) (COUNTY	YES NO K			
UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Meath) OF	ANTECEDENT C Morbid condition rise to the above the underlying ca II. OTHER SIGN Conditions contri- related to the dise 19b. MAJOR FIN (Specify)	CAUSES 12. If any, giving cause (a) starting muse last. IFICANT CONDITIONS to the deat age or condition of IDINGS OF OPE. 21b. PLACE OF It home, farm, factor (Hour) 21c. I WHILE	DUE TO (b) DUE TO (c) FIONS' A but not nusting death. RATION	21c. (CITY, TOWN, OR TO	OWNSHIP) (COUNTY	YES . NO K			
UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Meath) OF (Meath)	ANTECEDENT C Morbid condition rise to the above the underlying co 11. OTHER SIGN Conditions contr related to the dise 19b. MAJOR FIN (Specify) (Day) (Year)	CAUSES 18, if any, giving cruse (a) staring ruse last. IFICANT CONDITIONS IFICANT C	DUE TO (b) DUE TO (c) FIONS' A but not pusting death. RATION .; ; NJURY (e.g., its or about y, street, office bidg., etc.) NJURY OCCURRED AT WORK		CCUR?	YES			
UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Meath) OF	ANTECEDENT C Morbid condition rise to the above the underlying co 11. OTHER SIGN Conditions contri related to the disc 19b. MAJOR FIN (Specify) (Day) (Year)	AUSES 19, if any, giving cause (a) stating nuse last. IFICANT CONDITIONS to the deal and or condition of iDINGS OF OPE 21b. PLACE OF I bome, farm, factor CHoser) 21e. I WHILE MORE the deceased j	DUE TO (b) DUE TO (c) FIONS' A but not pusting death. RATION .; ; NJURY (e.g., its or about y, street, office bidg., etc.) NJURY OCCURRED AT WORK	211. HOW DID INJURY O	CCUR?	(STATE)			
PLAINLY—USING UNFADING BLACK	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Meath) OF INJURY	ANTECEDENT C Morbid condition rise to the above the underlying co 11. OTHER SIGN Conditions contri related to the disc 19b. MAJOR FIN (Specify) (Day) (Year)	AUSES 19, if any, giving cause (a) stating nuse last. IFICANT CONDITIONS to the deal and or condition of iDINGS OF OPE 21b. PLACE OF I bome, farm, factor CHoser) 21e. I WHILE MORE the deceased j	DUE TO (b) DUE TO (c) FIONS' A but not not noting death. RATION .; ; NJURY (e.g., in or about y, street, office bidg., ste.) NJURY OCCURRED AT WORK AT WORK AT WORK (C) From — Jeffer death occurred at (Degree or title)	21f. HOW DID INJURY OF THE 23b. ADDRESS	pt: 161954 that I causes and on the date so	last saw the deceased lated above. 23c. DATE SIGNED 9-17-54			
PLAINLY—USING UNFADING BLACK	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Meath) OF INJURY 22. I hereby certify the alive on	ANTECEDENT C Morbid condition rise to the above the underlying co II. OTHER SIGN Conditions contri- related to the dise 19b. MAJOR FIN (Bpacity) (Day) (Year) that I attended 2 15, 19	AUSES 19, if any, giving cause (a) stating nuse last. IFICANT CONDITIONS to the deal and or condition of iDINGS OF OPE 21b. PLACE OF I bome, farm, factor CHoser) 21e. I WHILE MORE the deceased j	DUE TO (b) DUE TO (c) FIONS' A but not not noting death. RATION .; ; NJURY (e.g., in or about y, street, office bidg., ste.) NJURY OCCURRED AT WORK AT WORK AT WORK (C) From — Jeffer death occurred at (Degree or title)	21f. HOW DID INJURY O	CCUR? (COUNTY	last saw the deceased lated above. 23c. DATE SIGNED 9-17-54			
UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Meath) OF INJURY 22. I hereby certify the alive on	ANTECEDENT C Morbid condition rise to the above the underlying co 11. OTHER SIGN Conditions contr related to the dise 19b. MAJOR FIN (Bpedly) (Day) (Year) that I attended 2 pt 15, 195 24b. DATE 19 24b. DATE	AUSES Ause, if any, giving couse (a) stating ruse last. IFICANT CONDITIONS of the death are or condition of DINGS OF OPE. 21b. PLACE OF I beens, farm, factor WHILE m. WHILE MORE WOR CHeen and that	DUE TO (b) DUE TO (c) FIONS' A but not not noting death. RATION .; ; NJURY (e.g., in or about y, street, office bidg., ste.) NJURY OCCURRED AT WORK AT WORK AT WORK (C) From — Jeffer death occurred at (Degree or title)	21f. HOW DID INJURY OF CREMATORY 24	CCURT CCURT CCURT CCURT Causes and on the date so CLOCATION (Otty, town, or CLOCATION (Otty, town, or CLOCATION (Otty, town, or	last saw the deceased (ated above. 23c. DATE SIGNED 9-17-54			
PLAINLY—USING UNFADING BLACK	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Meath) OF INJURY 22. I hereby certify it alive on	ANTECEDENT C Morbid condition rise to the above the underlying co II. OTHER SIGN Conditions contrivelated to the dise 19b. MAJOR FIN (Bpecily) (Day) (Year) that I attended 205 195 Alb. DATE 19 18-19	AUSES The property of the decidence of the deceased of the deceased of the decidence of the decidence of the decidence of the decidence of the deceased of th	DUE TO (b) DUE TO (c) FIONS' A but not not not not not not not not not no	21f. HOW DID INJURY OF CREMATORY 24	CCURT CCURT CCURT CCURT Causes and on the date so CLOCATION (Otty, town, or CLOCATION (Otty, town, or CLOCATION (Otty, town, or	last saw the deceased (ated above. 23c. DATE SIGNED 9-17-54			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of	f this	certificate	e was embalı	ned by	y me, or by	·····
	,	Stude	nt Embalme	No		
vorking under my personal supervision.	n			-	$\overline{}$	

orking under my persona! supervision.

Signed Milleane The Jurul

Licensed Embalmer No

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

Student Embalmer