FILED DEC 13 1954 STANDARD CERTIFICATE OF DEATH 2 INTHE NO.			THE DIVISION OF HE	ALTH OF MISSOURI		00000
BIRTO NO. BEG. DIST. NO. 449 Registrey' No. 42 I. PLACE OF DEATH a. COUNTY HART I. D. CITY CIT consider corporate Unite. write RCRAL and give. D. CITY CIT consider corporate Unite. write RCRAL and give. D. CITY CIT consider corporate Unite. write RCRAL and give. D. CITY CIT consider corporate Unite. write RCRAL and give. D. CITY CIT consider corporate Unite. write RCRAL and give. D. CITY CIT consider corporate Unite. write RCRAL and give. D. CITY CIT consider growers Indien. write RCRAL and give correlated. The RCRAL and give correlated and give correlated. The RCRAL and give correlated and give correlated. The RCRAL and give correlated and give correlated and give correlated and give correlated and give correlated. The RCRAL and give correlated and give c	FILED DE	C 13 1954	STANDARD CERTIF	ICATE OF DEAT	H State	36806 36806
B. COUNTY CHARTED A. D. CITY Of southed comprehent limites, write RURAL and drive to the property in the prop	Į.		REG. DIST. NO. 64	PRIMARY REG. DIST. NO	. 4/09 Regi	strar's No63
D. CITY (IT woulds perpenti liciles, with RUBAL and size the woundain) O. CITY (IT woulds perpenti liciles, with RUBAL and size the woundain) OR OR OR OR OR OR OF REAL WOUNDAINS OF THE WOUNDA				-,		(INTY '/ adminston).
G. STEETS TH. G. G. (Last) G. STEETS TH. G. STEE	b. CITY (If outside or OR		(in this place	all OR 1/	to limits, write BURAL a	ad give township)
3. NAME OF DECLASED IN (Pirity) DECLASED IN	'I HOSPITAL OR	(If not in beepital or inci		d. STREET ADDRESS P. J.	(If reral, give location)	michlin
5. SEX O 6. COLOR OR RACE 7. MARRIED NEVER MARRIED. RELIGION OF BIRTH 1879 1 1870 1 18	3. NAME OF	a. (First)	b. (Middle)		OF	
ID. LEVIAL OCCUPATION (CILVA blad of work) The deviation of working the water of working work of working working work of working working working working working working working work of working wor		<u> </u>	7. MARRIED, NEVER MARRIED,		9. AGE (10 yes	
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15. WAS DECENSED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH Batter only one causes as yet and the decensive of the complete of the complete of string, such a caterifalture, of one plants only one caterifalture, of one plants only one caterifalture, of one plants of the decensive (a) stating the under of string, such a caterifalture, of one plants of the decensive (b) stating the interior of complete than the distance of complete than the decent fighty or of complete than the decent fighty or of complete than the decent fighty or of complete than the decent fighty of the decent figh	7/ ~	, ,				1
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) "This does not meets the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia, the smode of sping, such as heart follows, extensia the smode of sping, such as heart follows, extensia the smode of sping, such as heart follows, extensia the smode of sping, such as heart follows, extensia the smode of sping, such as heart follows, extensia the smode of sping, such as heart follows, extensia the smode of sping, such as heart follows, extension the smode of sping, such as heart follows, extension the smode of sping, such as heart follows, extension the smode of sping, such as heart follows, extension the smode of sping, such as heart follows, extension the smode of sping, such as heart follows, extension the smode of sping, such as heart follows, extension the smode of sping, such as heart follows, extension the smode of sping, such as heart follows the smode of sping, such the smode of spi	15. WAS DECEASED EV	ER IN U.S. ARMED FO	DRCEST 16. SOCIAL SECURITY	17. INFORMANT'S	SIGNATURE OR N	ADDRESS
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Tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. III. OTHER SIGNIFICANT CONDITIONS DO AUTOPSY? YES NO P 20. AUTOPSY? YES NO P 21a. ACCIDENT SUICIDE HOMICIDE LOWER OF COUNTY LOWER OF COUNTY 21b. PLACE OF INJURY (a.g., in or about bldg., eac.) HOMICIDE LOWER OF COUNTY LOWER OF COU	as beart fallure, asthenia,	I THE TO USE GOODE CUT	ise (a) starring e last.	, Municipal	1	days
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alive on 13-7, 1954, and that death occurred at 78 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR GREMATORY 124d. LOCATION (Sity, town, or county) 24d. LOCATION (Sity, town, or county) 24d. LOCATION (Sity, town, or county) 24d. LOCATION (Sity, town, or county) 25c. FUNERAL DIRECTOR'S SIGNATURE 25c.	OF INJURY	(Day) (Tear) (H	WHILEAT NOT WHILE	ZII. NOW DID INSUK! O		
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1/2 -10/54 SUBJECTION 1 1/5 Sucapilians 1/4 Milling 1/6	23a. SIGNATURE	Hantle			bus?	20 1 1 1 1 1
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 55- 25: FUNERAL DIRECTOR'S SI GNATURE ADDRESS // 12-10/54 Helline // 1/6/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/	TION, REMOVAL (Breat)	- 24b. DATE	ريد الرسم		1. 12/	12 1 - 11/2 32
(Licensed Embalmer's Statement on Reverse Side)	DATE REC'D BY LOCA		CMATTIRE 2		7.0	ADDRESS MO
	10/5/4	· Muni	(Licensed Embalmer's	Statement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

ı	hereby certify that the body whose name is recorded on the reve	rse side of	this	certificate	was (mbalmed	by me,	or i	by	
				Student	t Emb	almer No				

working under my personal supervision.

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.