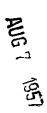
No. 300	FILED JAN	10 1955	THE DIVISION OF HE STANDARD CERTIF		-	State File No	40713	-	
ער זה.	BIRTH NO		_ REG. DIST. NO	PRIMARY REG. DIST.			18	•	
425	a COUNTY Henry			a. STATE Wissouri b. County Clair					
 <u> </u>	b. CITY (If outside or OR TOWN Clint		BURAL and give c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural - Collins		d. Is Res	d. Is Residence within limits of a city or incorporated town? Yes No		
RECORD	INSTITUTION	(If not in hospital or	S. Sec. St. Of	STREET (U rural, give location)     ADDRESS			0930,	_	
3	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. D/	ATE (Month)	(Day) (Year)	=	
Ħ	(Type or Print) C	narles	Dudley	${\tt Heare}$	DE	of Dec:3	<b>D.</b> 1954		
ANEN	Male 0 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 23,		E (In years If UNDER birthday) Months	I YEAR OF THOSE M HTTS		
PERMANENT	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farming			11. BIRTHPLACE (City and State or Fore St. Clair County			12. CITIZEN OF WHAT COUNTRY?  1 USA	Ŧ	
μ,	13a. FATHER'S NAME		13b. MOTHER'S MAIDEN			HUSBAND OR WIFE		-	
▼ .	Paran Heare		Martha Ruc	Martha Ruckman Martha h					
MAKE	15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes, give war or dates		FORCES? 16. SOCIAL SECURITY	17. INFORMANT'S SIGNATURE OR NAME ADDRESS			=		
	18. CAUSE OF DEATH MEDICAL CERTIFICATION I INTERVAL BETWEEN								
INK	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	CONDITION OING TO DEATH*(a)ACL	ITE MY	OCARL	UTIS	ONSET AND DEATH		
CK )	*This does not mean	ANTECEDENT CAUSES						•	
. A	the mode of dying, such	Morbid condition	us, if any, gioing DUE TO (b)					_	
BLA	as heart fallure, asthenia, etc. It means the dis-	rise to the above of the underlying ca	couse (a) stating use last.						
i [	case, injury, or complica-		DUE TO (c)						
UNFADING	tion which caused death.	II. OTHER SIGNI Conditions contri related to the disci	FICANT CONDITIONS buting to the death but not use or condition causing death.					•	
TE.	19a. DATE OF OPERA-		DINGS OF OPERATION				20. AUTOPSY?	•	
NA I	l non			• • • • • • • • • • • • • • • • • • • •		• • • •	YES NO Z	Y	
USING	21a. ACCIDENT SUICIDE HOMICIDE	(Bpecify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)	•	
1 1	21d. TIME (Month) OF INJURY	(Duy) (Year)	(Houz)   21e. INJURY OCCURRED   WHILE AT WORK   AT WORK	21f. HOW DID INJURY	OCCURT		<u>, , , , , , , , , , , , , , , , , , , </u>	•	
PLAINLY-	22. I hereby certify that I attended the deceased from <u>DEC</u> . <u>954</u> , to <u>30 DEC</u> ., 1954, that I last saw the deceased alive on <u>DEC</u> 30, 1954, and that death occurred at 12:50 m. from the causes and on the date stated above.								
LA	23a, SIGNATURE	2	(Degree or title)	23b. ADDRESS	ne causes and e	on the date stated	23c. DATE SIGNED		
i i	Hug	K133	Walker, MD	Clini	ton,	Mo ·	3 Jan. 195	*	
	24a. BURIAL, CREMA- TION, REMOVAL (Beetly)	24b. DATE	24c. NAME OF CEMETER	OR CREMATORY	24d. LOCATION (	City, town, or count	(State)	v	
WRITE	Burial	1-2-54	Osceola	·	Osce	ola			
	DATE REC'D BY LOCAL REG	1 <i></i>		25. FUNERAL DIREC			DRESS		
Ę	<del></del>		(Limnad Embalmata S	-ta C'.					



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by
working under my personal supervision.

Student Signed 2B &

P. O. Address Quel ...

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

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.

Signature of Student Embalmer