FILED JAN 25 1955  REG. DIST. NO. D. PRIMARY REG. DIST. NO. D. D. Kergistra's No	FILED LAN	9 5 4055	STANDARD CE	RTIFICATE OF D	DEATH	State File No	£
1. PLACE OF DEATH  a. COUNTY MAYEW  D. CITY (If credite compress limits, write RUBLAL and sive and the country of the country	l!	# 0 1900	_ REG. DIST. NO. 2	PRIMARY REG. DI	ST. NO. 30 10	Kenistene's No.	
a. COUNTY And Pew Policy County of RUPAL and ever containing the containing of the county of the RUPAL and ever county of the pew Policy of the of the pew	I. PLACE OF DEA	тн		2 USUAL RE	SIDENCE (Where decea		ce before
b. CITY (If outside cryptus limits, write RIMAL and give TORM (If the place of control of the place of the pl	a. COUNTY A n a	rew		II a STATE	• b	COUNTY , ad	denission).
TOWN FULL AND COUNTING AND COUN	b. CITY (If outcide co		RURAL and give C. LENGT	H OF   c. CITY		d. Is Residence within limit	te of
3 NAME OF DECEASED DECEASED CITYPY OF PRINT DECEASED (Type or Print) CAY ENCE RUSSED (Type or Print) CAY ENCERN (Type or Print) CAY ENCERN (Type or Print) CAY ENCERN (Type or Print) CAY ENCE RUSSED (Type or Print) CAY ENCERN (Type or Print) CAY ENCE RUSSED (Type or Print) CAY ENCERN (Type or Print) CAY ENCE RUSSED (Type or Type or Print) CAY ENCERN (Type or Type or Typ	TOWN RUYA		8W	TOWN PILE	Al Bolckov	Yes No R	wn?
3 NAME OF DECEASED DECEASED CITYPY OF PRINT DECEASED (Type or Print) CAY ENCE RUSSED (Type or Print) CAY ENCERN (Type or Print) CAY ENCERN (Type or Print) CAY ENCERN (Type or Print) CAY ENCE RUSSED (Type or Print) CAY ENCERN (Type or Print) CAY ENCE RUSSED (Type or Print) CAY ENCERN (Type or Print) CAY ENCE RUSSED (Type or Type or Print) CAY ENCERN (Type or Type or Typ	d. FULL NAME OF ( HOSPITAL OR	If not in hospital or i	nstitution, give street address or lo	eation) STREET ADDRESS	(If rural, give location	0020	
DECEASED DET MARRIED NEVER MARRIED.  5. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED. MOUNTED INTO PLANT   9. AGE (10 yand) From the following mart of working life, even if restricted   10 yand) Mounted in a work of working life, even if restricted   10 yand					F.P 2		<u> </u>
Type or Print)  CAP PACE  (1) S. SEX O 6. COLOR OR RACE  7. MARRIED. NEVER MARRIED.  10a. USUAL OCCUPATION (Circ kind of work)  10b. KIND OF BUSINESS OR IN.  TATTILE 2  10a. SUAL OF SEX SAME  10a. SUAL OF SEX SAME  10b. KIND OF BUSINESS OR IN.  DUSTRY  11 BIRTHPLACE (City and State or Foreign Country)  12 CITIZEN OF WHAT  CAP MIN OF SWARLED.  13 BIRTHPLACE (City and State or Foreign Country)  15 WAS DECCASED EVER IN U.S. ARMED FORCES?  17 WE DECEMBER OF HISTORY  18 WAS DECCASED EVER IN U.S. ARMED FORCES?  19 CAUSE OF DEATH  Enter only one equap per in the original of the original o	DECEASED	1		c. (Last)	OF	(Month) (Day) (Y	(ear)
MAIL COUPATION Give kind of work  Martife do No. USUAL OCCUPATION Give kind of work  Martife do working kills, we will rather?  John KIND OF BUSINESS OR IN- DUSTRY  JOHN APPLIED  JOHN KIND OF BUSINESS OR IN- DUSTRY  JOHN APPLIED  JOHN APPLI				1 BAShor	DEATH	1-9 1-19.	3.5
10a. USIAL OCCUPATION (circ blad of conditions)  10b. KIND OF BUSINESS OR IN.  11c. BIRTHPLACE (City and State of Foreign Genetry)  12c. CITZEROF WHAT COUNTRY?  13a. FATHER'S NAME  13b. MOTHER SHAIDEN NAME  14c. NAME OF HUSBAND OR WIFE  15b. MOTHER SHAIDEN NAME  15c. WAS DECEASED EVER IN U.S. ARMED FORCES!  16c. COLOR OF COUNTRY (No. 1) In Informant'S SIGNATURE OR NAME, A 2 ADDRESS  17c. INFORMANT'S SIGNATURE OR NAME, A 2 ADDRESS  17d. INFORMANT SIGNATURE OR	. 6	COLOR OR RACE		pecify)		iday) Months Days Hours	
DUSTRY  AT THE PART OF THE PAR		IN (Give kind of work	105 KIND OF BUSINESS O		71.8. 3.6		<u> </u>
38. FATHER'S NAME  CIAYENCE  BASKY  130. MOTHER'S MAIDEN NAME  CIAYENCE  BASKY  141. NAME OF HUSBAND OR VIFE  152. WAS DECKSESSE EVER IN U.S. ARMED FORCEST (Ver. Bo. or unknown)  153. WAS DECKSESSE EVER IN U.S. ARMED FORCEST (Ver. Bo. or unknown)  164. CAUSE OF DEATH Enter cally oinequise per  165. SCALLS ECURITY  175. INFORMANT'S SIGNATURE OR NAMER, 2 2 ADDRESS  186. ACUSE OF DEATH Enter cally oinequise per  187. CAUSE OF DEATH Enter cally oinequise per  188. CAUSE OF DEATH Enter cally oinequise per  189. DISEASE OR CONDITION  180. ACCIDENT  180. DISEASE OR CONDITION  180. DISEASE	done during most of working	ig life, even if retired)	F (1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	JSTRY	(City and State or Foreig	COUNTRY	F WHAT
S. WAS DECEASED EVER IN U. S. ARMED FORCES?  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY  17. INFORMANT'S SIGNATURE OR NAME, A Z ADDRESS  18. GAUSE OF DEATH  18. CAUSE OF DEATH  20. AUTOPSYS  18. CAUSE OF DEATH  18. CAUSE OF DEATH  20. AUTOPSYS  18. CAUSE OF DEATH  18. CAUSE OF DEATH  20. AUTOPSYS  18. CAUSE OF DEATH  18. CAUSE OF DEATH  20. AUTOPSYS  18. CAUSE OF DEATH  18. CAUSE OF DEATH  18. CAUSE OF DEATH  20. AUTOPSYS  18. CAUSE OF DEATH  19. COUNTY			13b. MOTHER'S		14. NAME OF HUS		<del></del>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See, Do or University) 17. INFORMANT'S SIGNATURE OR NAME, A ZADDRESS (YOR, DO OR OLD OF SIGNATURE OR NAME, A ZADDRESS (YOR, DO OR OLD OF SIGNATURE OR NAME, A ZADDRESS (YOR, DO OR OLD OR OL	_ 1	RAChAY	4 11	Ganarth	DATIC A	Achar	
B. CAUS OF DEATH   DISEASE OR CONDITION   MEDICAL CERTIFICATION   INTERNAL BETWEEN   IN	15. WAS DECEASED EVE		FORCES?   16. SOCIAL SEC	URITY 17. INFORMAN	T'S SIGNATURE O	R NAMER ED ADDR	ES\$
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MITERAL BETWEEN METHOD DEATH  INTERVAL BETWEEN MOSET AND DEATH  INTERVAL BETWEEN MITERAL BRITCH AND DEATH  INTERVAL BRITCH AND DEATH  INTER		yes, give war or dates		mes. Dore	o Backer Ba	ile Kow mo	
IIINE FOR (8), (8), and (0)  *This does not mean he mode of dying, such he mode of dying, s		I DISTACT OD C	-	CAL CERTIFICATION	V .	I INTERVAL BE	TWEEN
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase in the above cause (a) stating ties. I be above cause (a) stating ties. I be underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the discase or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. DATE (Specify)  21b. PLACE OF INJURY (a.e. in or above)  SUICIDE  HOMICIDE UICIDE  OF MAJOR FINDINGS OF OPERATION  OF MAJOR FINDINGS OF OPERATION  19c. PLACE OF INJURY (a.e. in or above)  SUICIDE  HOMICIDE UICIDE  OF MAJOR FINDINGS OF OPERATION  OF MAJOR FINDINGS OF OPERATION  19c. PLACE OF INJURY (a.e. in or above)  SUICIDE  HOMICIDE UICIDE  OF MAJOR FINDINGS OF OPERATION  OF MAJOR FINDINGS OF OPERATION  OF MAJOR FINDINGS OF OPERATION  21c. (CITY. TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  REP. # 2 BOCKOW And TEWN  OF MAJOR FINDINGS OF OPERATION  21f. HOW DID INJURY OCCUR?  OF MAJOR OF CEMETERY OR CREMATORY  23c. SIGNATURE  AND THE COUNTY OCCURS OF THE CAUSE AND INTO SIGNATURE  23c. SIGNATURE  OF MAJOR FINDINGS OF OPERATION  10c. CITY TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  REGISTRAR'S SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  24c. NAME OF CEMETERY  25c. FURRED		DIRECTLY LEAD	ING TO DEATH (a) Ca	rebral re	mora		
the mode of dying, such as heart failure, eithenia, etc. It means the disc. It means the disc. It means the disc. It means the disc. It means the discase, injury, or compilication which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the discase or condition causing death.  19a. DATE OF OPERA-  TION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE SUICIDE HOMICIDES UICIDE HOMICIDES UICIDE 10c. Major Finding Annual County, street, office bidge, etc.)  Provided the deceased from	*This does not mean			01 /-	1.1		
DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition condition counting death.  19a. DATE OF OPERA. TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Bpacity)  21b. PLACE OF INJURY (e.g., in or about 1 suggested as the property of the master of	the mode of dying, such	Morbid condition	a, if any, giving DUE TO (b)	Shotgan_	blasi		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the direase or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE HOMEIODE UICIDE SUICIDE HOMEIODE UICIDE 10c. INJURY (o.g., is or about home, farm, factory, etreet, office bldg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)  (STATE)  REP.#2Bolckow Andrew  10c.  21d. TIME (Month) (Day) (Year) (Hour)  21d. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK.  21d. How DID INJURY OCCUR?  11d. How DID INJURY OC		the underlying car	ade suas.	•			
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO   21c. (CITY, TOWN, OR TOWNSHIP)  SUICIDE  HOMICIDES WICLIS  COUNTY)  10c. TIME (Month) (Day) (Year) (How)  10c. TIME (Mon	/ * "/ * J	II OTHER SIGNII					
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  19c. ACCIDENT SUICIDE SUICIDE HOMICIDES UICIDE HOMICIDES UICIDE HOMICIDES UICIDE INJURY  21b. PLACE OF INJURY (a.g., is or about home, farm, factory, street, office bidg., sto)  21c. (CITY, TOWN, OR TOWNSHIP)  REP # 2 Bolc Kow Andrew  NO.  21c. (COUNTY)  (COUNTY)  (STATE)  REP # 2 Bolc Kow Andrew  NO.  21c. HOW DID INJURY OCCUR?  REP # 2 Bolc Kow Andrew  NO.  21c. Thereby certify that I attended the deceased from		Conditions contril	buting to the death but not				
TION  E976X  YES NO  PIR. ACCIDENT (Specify) SUICIDE (Month) (Day) (Year) (Hour) INJURY (O.E., it or about home, it m, factory, street, office bidg., etc.)  PART (Hour)  PART (PART)  PART	19a. DATE OF OPERA-			······································	· · · · · · · · · · · · · · · · · · ·	20. AUTOPS	Y?
21b. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bldg., etc.)  SUICIDE SUICIDE (Bouch)  FOR MONICIDE SUICIDE (Hour)  21d. TIME (Month) (Day) (Year) (Hour)  OF INJURY A N. 9 (1955   F. m.   Work   At work   At work   First / 2 gasge shot (an into right temple)  22d. Thereby certify that I attended the deceased from	. TION		·		. E9	76X YES .	NO 🔀
216. TIME (Mosth) (Day) (Year) (Hour) 216. INJURY OCCURRED 217. HOW DID INJURY OCCUR?  INJURY Jan. 9 1955 [Faz. Not while at work At w	la. ACCIDENT	(Specify)			OR TOWNSHIP)		
WHILE AT WORK NOT WHILE AT WORK 12 garge shotsan into right temple 22. I hereby certify that I attended the deceased from	HOMICIDES	<u> Lide</u>		RF.D.#2	Bolckow, A	ndrew Mo	۶.
INJURY JAN. 1956 Fam. WORK AT WORK FIRM 12 gasge shetten into right temple 22. I hereby certify that I attended the deceased from	21d. TIME (Month)	(Day) (Year) (			URY OCCUR?		
alive on, 19, and that death occurred at	INJURY JAN.	1955 11	WORK AT WOR	KENFINE 12	parge shots	an into right	<u>temple</u>
23a. SIGNATURE  (Degree or title)  23b. ADDRESS  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, for county)  (State)  11 - 1955  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  26. DATE SIGNED  27. DATE SIGNED  28d. LOCATION (City, town, for county)  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  26. DATE SIGNED  27. DATE SIGNED  28d. LOCATION (City, town, for county)  27d. LOC	22. I hereby certify t	hat I attended`t	he deceased from				ceased
24a. BURIAL CREMA- 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  10/55  24a. BURIAL CREMA- 11/1955 / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  11/1955 / 4 mion 96ar 2 mion 56ar 70  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  11/55 / 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		, 19		<del></del>	m the causes and on t		
24a. BURIAL CALMA.  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24b. LOCATION (City, town, or county)  (State)  1-11-1955  4 nion 3 car  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  1-11-55  ALLICATION (City, town, or county)  (State)	23. SIGNATURE		(Degree or		One Van	23c. DATE SI	IGNED
HUTIAL (Specify) 1-11-1955 Union SCAT Union STAY TO DATE REC'D BY LOCAL REGISTRAT'S SIGNATURE 2-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEEL	W5 // 0	CALLY,	XXX, 6 oran		yyan sala	small XXB, 1/10	<u>/55</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  1-11-55 REG. Dellian Spuilt Breit Funeral Home SAVANNAh mis	TION, REMOVAL (Specify)	1		~ )	240. LOCATION (CRS	, town, or county) (St	ate)
1-11-55 REG. Lellian Sport Brait Funeral Home SAVANNAh mes					RECTOR'S SIGNATURE	ADDRESS	
		7.00	en Sounds	DaveitE			
A * famous and a comment of the track bills	1 1 2 -	1,00000	V. (Licensed Embal	mer's Statement on Reverse		PORCHIER P	<u>~~</u>

THE DIVISION OF HEALTH OF MISSOURI

## STATEMENT BY LICENSED EMBALMER

	I hereby	certify that th	e body	whose	name	is	recorded	on '	the	reverse	side	oi	this	certificate	was	emb
hu m	a or bir										Sto	ıde	nt E	mbalmer N	[o	

working under my personal supervision..

Signed E. C. Breit

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.