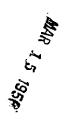
	THE DIVISION OF HE	ALTH OF MISSOURI	No. of the last of
FILED OCT 1.3 1955	STANDARD CERTIF	FICATE OF DEATH	State File No. 30896
81RTH NO	REG. DIST. NO. 278	PRIMARY REG. DIST. NO 305	103
I. PLACE OF DEATH	REG. DIST. NV. I	# 2. USUAL RESIDENCE (Where of	_ Registrar's No
a. COUNTY	KF	a. STATE MISSOUR	b. COUNTY Admission: residence before
b. CITY (If putcide corporate limits, write OR	e RURAL and give c. LENGTH OF township) STAY (inythis place	oll or /	d. Is Residence within limits of a city on accorporated town?
TOWN L BUISTA	NA ISYEARS		<del>// / </del>
HOSPITAL OR INSTITUTION	or institution, give street address or location)	STREET (If rural, give los	
3. NAME OF a. (First) DECEASED	b. (Middle)	c. (Last) 4. DA	ATE (Month) (Day) (Year)
(Type or Print) \ ETTRV	GUY	EJASAE// DE	OFTH ()ch 7, 1955
5. SEX 0, 6. COLOR OR FAX	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Brocity)	8. DATE OF BIRTH 9. AC	E (In years If UNDER 1 YERR IF UNDER M HES. birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of sec	100 KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City and State of F	preign Country) (2) 12. CITIZEN OF WHAT
donagering most of working life, even if retire	dericulture	LINNEUS, MIS	SOUTH COUNTRY Q
L3a. FATHER'S NAME	13b. MOTHER'S MAIDEN	NAME IN NAME OF	HUSBAND OB WIFE
WILLIAM E, DAS 15. WAS DECEASED EVER IN U.S. ARME	KET/ COMDELIA A	LICE MONHIS FEARL	MAE DASKET
(You.no.or unknown) (If you, give war or da		17. INFORMANT'S SIGNATURE	E OR NAME ADDRESS
18. CAUSE OF DEATH  SECURITION  INTERVAL BETWEEN ONSET AND FEATH ONSET AND FEATH			
Exiter only one cause per   1. DISEASE OR DIRECTLY LE	CONDITION ADING TO DEATH (a)	val Vascular F	recident 24 kg.
*This does not mean ANTECEDENT		المنظون والمحمد	Carolin June
the mode of dying, such Morbid condition as heart failure, asthenia, rise to the about	ions, if any, giving DUE TO (b)	ciala Disa	1915-4
etc. It means the dis- case, injury, or complica-	DUE TO (e)		
	NIFICANT CONDITIONS	1	
Conditions con related to the di	tributing to the death but not rease or condition causing death.	4 2	121
	INDINGS OF OPERATION		20. AUTOPSY?
1			YES NO Z
Z1a, ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm-factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY) (STATE) / *
21d. TIME (Month) (Day) (Year)	(Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	***************************************
OF INJURY	MHILE AT NOT WHILE WORK AT WORK	<del></del>	
22. I hereby certify that I attended		19 55 to /0-7, 18	المارية that I last saw the deceased
	(S), and that death occurred at	11:25A m., from the causes and	on the date stated above.
BE SIGNATURE	(Degree or title)	II	, 23c. DATE SIGNED
242_BURIAL, CREMA- 246, DATE	240. NAME OF CEMETER	TACULTS I A MA / I I	(City, town, or county) (State)
DURING OCH	1950 FURDIN	CEMETERY PURS	(City, town, or county) (State)
PATE REC'D BY LOCAL REGISTRAR	S SIGNATURE DO 374	25 FUNERAL DIRECTOR'S SIGNAT	TURE ADDRESS
yur 4/1955 Murn	(Licensed Embalmer's	Statement on Bryerse Side)	Ty LOYISIANA [O
(Licensed Embalmer's Statement on Reverse Side)			



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision

by me, or by .....

working under my personal supervision..

Signature of Student Embalmer

M, Collier

...... Student Embalmer No.....

Licensed Embalmer No. 3.8.5

P. O. Address Munical

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.