STANDARD CERTIFICATE OF DEATH  SITURD NO. 137  PRIMARY REC. DIST. NO. 2323  PRIMARY REC. DIST. NO. 2323	I FILED OCT	17 401.		DIVISION OF HI	ALIH OF MISSO	ZUKI		4	გებიი
Part	TITTH OCI	1 7 1955	STAN	IDARD CERTI	-ICATE OF DE	ATH	State	File No	34300
a. COUNTY  b. CITY (If excided exprises limits, write RURAL and give to CHAPTAL OF TOWN C11nton  c. CITY TOWN Kingsville,  d. FILL, NAME OF (if was in backled or backledion, give event address or backled)  HOSPITAL OF CHAPTAL OF CHAPTAL OF CHAPTAL OF TOWN Kingsville,  d. FILL, NAME OF (if was in backled or backledion, give event address or backled)  HOSPITAL OF CHAPTAL OF	BIRTH NO.		REG. DIS	т. но. <u>137</u>	PRIMARY REG. DIST	. но. 3	023.,,	strar's No	36
Henty   County   Delivery   Del		ATH			I A STATE		h CO	DATA	
OF CLINTON  CIINTON	He	· · · · · · · · · · · · · · · · · · ·			.] <u></u>	<u> Missou</u>	ri ""	1 01	nns on
ADDRESS NAME OF DECEASED Wesley O. Lafayette Fann DEATH Sept 27, 1955  S. SEX JO. C. CLOR OR RACE 7. MARRIED. NEVER MARRIED. PLANE MARRIED. NEVER NEVE	OP				OR Kingsville,			dence within limits of or incorporated town?	
3. NAME OF DECEASED DECEASED WESLEY OF LAFAYETE FAND  DECEASED TYPE OF PITH)  WESLEY OF LAFAYETE  MILE White Wildows OF LAFAYETE  16. COLOR OR RACE 17. MARRIED. PLEYER MARRIED. 18. DATE OF BIRTH MILOWED DIVORCED (Spealed)  White Wildows OF LAFAYETE  100. LUSIAL OCCUPATION (Give-biaded search wildows)  100. LUSIAL OCCUPATION (Give-biaded search)  100. KIND OF BUSINESS OR IN.  ON FATTH OUTSTAN  100. LUSIAL OCCUPATION (Give-biaded search)  100. KIND OF BUSINESS OR IN.  ON FATTH OUTSTAN  100. LUSIAL OCCUPATION (Give-biaded search)  100. KIND OF BUSINESS OR IN.  ON FATTH OUTSTAN  II. BIRTHPACE (Give-biaded state or Furity Country), Missouri  100. MONTER OR NAME  11. BIRTHPACE (Give-biaded state or Furity Country), Missouri  100. MONTER OR NAME  11. BIRTHPACE (Give-biaded state or Furity Country), Missouri  100. MONTER OR NAME  11. BIRTHPACE (Give-biaded state or Furity Country), Missouri  100. MONTER OR NAME  11. BIRTHPACE (Give-biaded state or Furity Country), Missouri  100. MONTER OR NAME  11. BIRTHPACE (Give-biaded state or Furity Country), Missouri  100. MONTER OR NAME  11. BIRTHPACE (Give-biaded state or Furity)  100. MONTER OR NAME  11. BIRTHPACE (Give-biaded state or Furity)  100. MONTER OR NAME  100. MONTER O	d. FULL NAME OF HOSPITAL OR INSTITUTION	II Annoece				05/1 Mo.			
Type or Print    Wesley   Common Print    Co					c. (Lest)			(Month)	(Day) (Year)
a. USUAL OCCUPATION (Give blad of wear)  THE LITTER OF WHAT  Green County (County)  OWN far m  OWN	(Type or Print) Wesley 📭 🖒 🕹				Fann Death Se			ept 27	7, 1955
DOE USUAL OCCUPATION (Circle blood of two) THE TOTAL THE	5. SEX 6. COLOR OR RACE 7. White W		7. MARRIE WIDOWE WIDOW	D, NEVER MARRIED, P D, DIVORCED (8podisy) VEC	July 27, 1867		9. AGE (In years IF WINDER 1 TEAR Months Days		TEAR DE UNDER 14 HES. Days Hours Min.
13b. MOTHER'S MAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   Matilda Stephenson	10a. USUAL OCCUPATION (Give kind of work 10b.			OF BUSINESS OR IN-	11. BIRTHPLACE (City and State or Foreign Country)				12. CITIZEN OF WHAT
S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO	13a. FATHER'S NAME 13b. MOTHER'S				NAME	14. NAM	E OF HUSBAN	D'OR FIFE	
NO. ON USANCE OF DEATH Inter only one double per inter or dates of service)  8. CAUSE OF DEATH Inter only one double per inter only one only one double per inter only one double per interest.    Inter one of the double per interest on the double per interest.   Interest one double per interest.   Interest one double per interest.   Interest one only one on per interest.   Interest one only					ner   Matilda Stephe				nson
MEDICAL CERTIFICATION    DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH*(a)	Yes. no, or unknown) 🕴 (Ii			3. SOCIAL, SECURITY NO.					
DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH*(a)   ANTECEDENT CAUSES   ANTECEDENT CAUSES   Morbid conditions, if any, gicing DUE TO (b)   rise to the above cause (a) stating the underlying cause tast:    DUE TO (c)   DILECTLY compiled the underlying cause tast:   DUE TO (c)   DILECTLY compiled the underlying cause tast:   DUE TO (c)   DILECTLY compiled the underlying cause tast:   DUE TO (c)   DILECTLY compiled the underlying cause tast:   DUE TO (c)   DILECTLY compiled the underlying cause tast:   DUE TO (c)   DILECTLY compiled the death but not related to the disease or condition causing death.   DILECTLY LEADING CONTINUENCE   DILECTLY compiled the underlying cause tast:   DUE TO (c)   DILECTLY compiled the death but not related to the disease or condition causing death.   DUE TO (c)   DILECTLY compiled the death but not related to the death or story accounts of the death of the death or property of the death		XXXX				nippy,	Route	<u> 3 CT</u>	
Morbid conditions, if any, picing DUE TO (b)  as heart failure, asthenia, the underlying cause last the discusse (a) stating the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  21a. ACCIDENT TION  21b. PLACE OF INJURY (a.g., in or about bottle HOMICIDE  21d. TIME (Moath) OF (Day) (Year) (How)  21e. INJURY OCCURRED OF (INJURY OCCURRED OF (INJ	Enter only one cause per	1. DISEASE OR CO	ONDITION ING TO DEAT	H'(a) S	testinal	Postre	ulia	۰۰۰۰	ONSET AND DEATH
19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE  (Gpecity)  21b. PLACEOF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)  (STATE)  21d. TIME OF INJURY  22le. INJURY OCCURRED WHILE AT NOT WHILE WORK NAT WORK  22le. INJURY OCCURRED WHILE AT NOT WHILE WORK NAT WORK  22le. INJURY OCCURRED WHILE AT NOT WHILE WORK NAT WORK  22le. INJURY OCCUR?  22le. INJURY OCC	the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid conditions rise to the above a the underlying cau II. OTHER SIGNIE Conditions contrib	s, if any, givin ause (a) statin use last: FICANT CONE	DUE TO (c) DITIONS all but not			570	~	
Pla. ACCIDENT (Gpecity)   21b. PLACE OF INJURY (e.g., in or about HOMICIDE   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF INJURY   21e. INJURY OCCURRED OF INJURY OCCUR?   21f. How DID INJURY OCCUR?   21f. How DID INJURY OCCUR?   22f. Interest certify that I attended the deceased from   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 2 - 19 - 5, that I last saw the deceased alive on   2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	9a. DATE OF OPERA-	·					<del></del>		20. AUTOPSY7
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from   7-2   19.5   10.	TION							3. ·	YES NO 🗹
while AT WORK AT WORK 12. I hereby certify that I attended the deceased from 1-2 195, to 1-27, 1955, that I last saw the deceased alive on 1-27, 1955, and that death occurred at 2 m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title) (123b. ADDRESS  (Degree or title) (123b. ADDRESS  (Degree or title) (123b. ADDRESS  (State) TION, REMOVAL (Speedty) Sept. 30 1 55 Koger Cemetery or Crematory 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Speedty) Sept. 30 1 55 Koger Cemetery, Jackson County, Missouri DATE REC'D BY LOCAL REGISTRAY SIGNATURE  (Canaday & Ropp, Holden, Missouri.	Ma. ACCIDENT SUICIDE HOMICIDE				21c. (CITY, TOWN, O	R TOWNSHIP	) (C	OUNTY)	(STATE)
alive on	21d. TIME (Month) OF INJURY	(Day) (Year) (	WHI	LEAT NOT WHILE	21f. HOW DID INJUR	Y OCCUR?			
(Degree or title) (J23b. ADDRESS  23c. DATE SIGNED  23c. DATE SIGNED  23c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY BUT 1al  24d. LOCATION (Oity, town, or county) Sept. 30'55 Koger Cemetery  35c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY BUT 1al  36c. Jackson County, Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  36c. Canaday & Ropp, Holden, Missouri.	· · · · · · · · · · · · · · · · · · ·			J10//6					
24a. BURTAL CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (Oity, town, or county) (State) TION, REMOVAL (Bpectly)   Sept. 30'55   Koger Cemetery,   Jackson County, Missouri  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   42-725. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS  Sept. 30-31- Jackson County, Missouri.	23a. SIGNATURE	Beach	an)		1236. ADDRESS	in . 1	no.		<i>^</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS  Sect. 30-35- Florence Coda: Canaday & Ropp, Holden, Missouri.	TION, REMOVAL (Specify	3 I			•				y) (State)
	DATE REC'D BY LOCAL	REGISTRAR'S S	IGNATURE	0142	25. FUNERAL DIRE	CTOR'S S	GNATURE	ADI	DRESS
		414 CA-114					,	,	32)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba by me, or by ....... Student Embalmer No.......

working under my personal supervision ...

Student ..... Signeture of Student Embalmer

Licensed Embalmer No 3434.

P. O. Address Hold on ... Mi.S.

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.