D. CITY (If outside corporate limits, edge RURAL and give township) TOWN C. CITY TOWN C. CIT			THE DIVISION OF H	EALTH OF MISSOL	JRI		
1. PLACE OF DEATH a. COUNTY a. COUNTY D. CITY (If evolution enterports limits, edgs NURAL said sire, D. COUNTY) D. CITY (If woulded enterports limits, edgs NURAL said sire, D. COUNTY) G. FULL, NAME OF (If not in berglate) of traditiolize, give street address or identical HOSPITAL OR LINING (If not in berglate) of traditions, give street address or identical HOSPITAL OR LINING (If not in berglate) of traditions, give street address or identical HOSPITAL OR LINING (If not in berglate) J. NAME OF (If not in berglate) J	FILED OCT	2 4 195 5	STANDARD CERT	IFICATE OF DEA	ATH Sta	i, File No. 32	975
B. COUNTY D. CITY (If outsides corporate limits, eds RUBAL and every local property of the corresponding of the c			_ REG. DIST. NO. 137	_ PRIMARY REG. DIST.	NO.3013 Res	/131707 8 IV O	·
b. CITY (It outside corporate limits, eggs RURAL and give TORN OR 10 Corporate limits, eggs RURAL and give 10 Corporate limits, eggs RURAL and give 10 Corporate limits, eggs RURAL and give 10 Corporate limits and 10 Corpo		ATH THE		2. USUAL RESID	ENCE (Where deceased	lived. If institution:	
O. W. C.		ENAU		_	10. ""	HENAU	admission),
d. FILL NAME OF (II act in hospital or Institution, give street address or indeficial PADRESS (II read, give location) 3. NAME OF DECEASED (II) 3. NAME OF DECEASED EVEN (II) 5. SEX	l OR .	rpora te limita, erila R		ce) OR .		d. Is Residence with	hin limits of rated town?
ADDRESS DAVIS TWP.	d FILL NAME OF		V 6 DAY.	7		Ye E	· D, ()
3. NAME OF DECEASED (Type or Print) DECEASED (I HUSPITAL OR			ADDRESS	. ,	0	400
(Type or Print) 5. SEX (Type or Print) 5. SEX (S. COLOR OR RACE 1. MARRIED, NEVER MARRIED, P. B. DATE OF BIRTH 1. S. AGE (10 year) (Mode) DIVORCED (Beedlay) 1. BLATTER BLAY (City and Service or Foreign Country) 1. BLATTER BLAY (City and Service or Foreign Country) 1. BLATTER COUNTRY) 1. BIRTHPLACE (City and Service or Foreign Country) 1. DOLL SULTER DEFT 1. DOLL SULTER DEFT 1. DOLL SULTER, METHOD FORCEST 1. SOCIAL SECURITY (No. Do or unknown) (I) True, rive was or date of service) 1. DISEASE OR CONDITION MEDICAL CERTIFICATION (Mode) (Mo	3. NAME OF					(Month) (Day)	(Year)
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Company Comp	TELIX V	<u>EST</u>	Immou	<u> </u>			
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2. I hereby certify that I attended the deceased from Feb., 1955, to 17 Oct., 1955, that I last saw the deceased alive on 17 Oct., 1955, and that death occurred at 8:20 pm., from the causes and on the date stated above. 3a. SIGNATURE As. BURIAL. CREMA- 10N, REMOVAL (CAMAL) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State Camalian) 24d. LOCATION (City, town, or county)	ld. TIME (Month)	(Day) (Year) (I	Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY	OCCUR7	· · · · · · · · · · · · · · · · · · ·	
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alive on 17 Oct., 1955., and that death occurred at 8:20 Pm., from the causes and on the date stated above. 23c. DATE SIGNATURE Alexander of Company Control of Company Control of Contro	2. I hereby certify t	hat I attended th	re deceased from File	1955.6 17	Oct 1955	that I last soon th	e decensed
23a. SIGNATURE Lack (Degree or title) 23b. ADDRESS Lugh B. Lalber, MD Clinton, Mo 18 Oct / 22a. DATE SIGNATURE 24a. BURIAL, CREMA- TION, REMOVAL (BEDITY) Oct. 19, 55 Ta Due Cemelery Fa Plue Mo.					ie causes and on the	date stated above.	vo decordeca
24a. BURIAL. CREMA- TION, REMOVAL (BESTLY) Oct. 19, 55 Ta Due Cemetery of CREMATORY 24d. LOCATION (City, town, or county) (State	23a. SIGNATURE	00-			+ 0.0		
Burial Oct. 19, 55 ta Due Cemetery Ta Due Mo.	Hug	n 65, 2		7 Clen	on, WI	0 180	Jet 1955
	Ma. BURIAL, CREMA- TION, REMOVAL (By Mary)	24b. DATE	1 20 10	<i>r</i> o	24d. LOCATION (City, to	wn, or county)	(State)
DATE DECID BY LOCAL DECICEDADIC CICULTURE	<u> </u>	1 UCT: /Y,			sa luce,	Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS				O. SUNERAL BIRECT	TOR S SIGNATURE	ADDRESS Y	
(Licensed Embalmer's Statement on Reverse Side)	<u>v 14.52</u>		The state of the s	1 / Vidilar	isam, ol	mon, M	<u>o</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify tha	it the body whose name is recorded o	n the reverse	side of this	certificate v	vas emi
hy ma or hy			Student E	mbalmer No	

Signed H. D. Varisan

working under my personal supervision...

Student Signature of Student Embalmer Licensed Embalmer No. 2

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.