FILED JAN 25 1956 STANDARD CERTIFICATE OF DEATH STANDARD CERTIFICATION STANDA	<u>B</u>	FILTH LAND O	£	THE DIVISION OF HEA	ALTH OF MISSOUR	u	158
8 IST IN NO. 1. PLACE OF DEATH BOM STATE COUNTY 1. PLACE OF DEATH BOM STATE	No. 300	FILED JAN 2	70 1956	STANDARD CERTIF	ICATE OF DEA	TH State File N	0
D. COUNTY B. COUNTY	10.45	BIRTH NO.		REG. DIST. NO. 32			
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Compare of Print Compare Note	CORD	HOSPITAL OR			STREET ADDRESS	(If rural, give location)	0090
13. MAS DECESSED EVER IN U.S. ASMED FORCES? 16. SOCIAL SEDURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH 10. MAJOR FINDINGS OF OPERATION 10. M		3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	OF 1	h) (Day) (Year)
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B. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIRECTLY LEADING TO DEATH* (b) DIRECTLY LEADING TO DEATH* (c) ONSET AND DEATH		Marpus.	Dars	Letha fan	eaper	Mara Mi	Pay
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Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such makes the mode of dying, such makes the disconditions, if any giving DUE TO (b) (Internal Section 1) as heart foliure, astherial, as heart foliure, astherial, as heart foliure, astherial, as heart foliure, ostherial, as heart foliure, osth	ľ				ERTIFICATION	" h -	
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22. I hereby certify, that I attended the deceased from 7/3 1912, to f/14 1 last saw the deceased alive on 1/2 1925, and that death occurred at 2 m., from the causes and on the date stated above. 23. SIGNATURE (Descentitic) 23b., ADDRESS 23c. DATE SIGNED 16/8/8/8 24. BURIAL, CREMA. 24b. DATE 245, NAME OF CEMETERY OR CREMATORY 24g. LOCATION (City, town, or county) (State) 1 - 1/2-1956 Slowy of the causes and on the date stated above. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 5-0-15, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 ADDRESS		SUICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR T	TOWNSHIP) (COUNTY) (STATE)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OF 520-15 FUNERAL BIRECTOR'S STEATURE ABBRESS LANGUE OF THE PROPERTY	E PL	232. BIGHATURE	- Mya	us of	Lutesi	ele No	1/16/56
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(Licensed Embalmer's Statement on Reverse Side)		DATE REC'D BY LOCAL	REGISTRAR'S	GNATURE (1530-	Dakis	MELE HOND	atorelle
		1.40 0.6	, , <u>, , , , , , , , , , , , , , , , , </u>	(Licensed Embalmer's	Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

	I here	by certify	that the	body	whose	name	is	recorded	on the	reverse	side	of th	is certific	ate	was	emba
by n	ne, or b	у					••••				., Stu	dent	Embalme	r No	·	

working under my personal supervision..

Student Signed Thakan

Signature of Student Embalmer

Licensed Embalmer No. 4-0.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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 embalmed by a STUDENT, he also shall sign in his OWN handwritin if this body is not embalmed, fact should be so stated above.