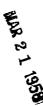
| II FILED MAR | 1 9 1056 | THE DIVISION OF HE | ALTH OF MISSOURI | | 121204 |
|--|--------------------------|---|----------------------------|------------------------------|---|
| LIEED MAN | 1 % 1900 | STANDARD CERTIF | ICATE OF DEATH | State File No. | 6 V () L |
| BIRTH NO | | REG. DIST. NO. 381 | PRIMARY REG. DIST. NO. | 6/28 Registrar's No | 27 |
| 1. PLACE OF DEA | ΤН , | | ll b | (Where deceased lived. If is | etitution: residence before |
| a. COUNTY S | ulliva | 12 | a. STATE 1210 | Syllida. | adminsion) |
| b. CITY (If outside cor OR TOWN 11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | porate limite, write R | URAL and give c. LENGTH OF STAY (in this place) | C. CITY OR TOWN 11/1 12 13 | Ruy's | esidence within limits of ly or incorporated town? |
| | If not in hospital or is | natitution give street address or location) | | ural, give location) | .40 |
| HOSPITAL OR | Duga | natitution, give etreet address or location) | ADDRESS Dun | | 1040 |
| 3. NAME OF | a. (First) | b. (Middle) | c. (Last) | 4. DATE (Month) | (Dos) (Yess) |
| DECEASED | سندع | 120 | 0 1- 52 | OF PEATH ? | (Day) (Year) L 1456 |
| (Type or Print) 5. SEX 6. | CITA | 7. MARRIED, NEVER MARRIED, | 1 8, DATE OF BIRTH | | |
| 3.5kg m / 1° | COLOR OR RACE | WIDOWED, DIVORCED (Specifix | 6-20-1896 | last birthday) Months | RIYEAR IF UNDER M HES. Days Hours Min. |
| 0a. USUAL OCCUPATIO | | 10b. KIND OF BUSINESS OR IN- | 11. BIRTHPLACE (City and | State or Foreign Country)- | 12. CITIZEN OF WHAT COUNTRY? |
| done during most of working | D VV 6 | | Reger | 1110 | 1 45 |
| 3a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN | | NAME OF HUSBAND OR FI | FE |
| Jahn | Tirilli | c Marin E. So | cott l | Valter ar | Tz. |
| 5. WAS DECEASED EVE | R IN U.S. ARMED | FORCES? 16. SOCIAL SECURITY | 17. INFORMANT'S SI | GNATURE OR NAME | ADDRESS |
| (Yen. no. ar unknown) (If | yes, give war or dates | of service) NO. | Walter / | ないて | Reaci Wo |
| 8. CAUSE OF DEATH | | MEDICAL C | ERTIFICATION | <u> </u> | I INTERVAL BETWEEN |
| Enter only one cause per | I. DISEASE OR C | ONDITION / . I. U. | a b Earlann | | ONSET AND DEATH |
| ine for (a), (b), and (c) | DIRECTLY LEAD | ING TO DEATH (a) Left vent | ar further | | _ |
| *This does not mean | ANTECEDENT C | | Teno actiones, | H. ID | · |
| the mode of dying, such | Morbid condition | s, if any, giving DUE TO (b) Ly M. ause (a) stating | in accordance | 72.04 | -\ <u>-></u> }~~. |
| ns heart failure, asthenia, ntc. It means the dis- | the underlying car | ause (a) naring | | | |
| ase, injury, or complica- | | DUE TO (e) | | | _ |
| ion which caused death. | | FICANT CONDITIONS A COLUMN | an On. | | 107 |
| | related to the disea | outing to the death but not z, | , weeks | | 15 /2. |
| 19a. DATE OF OPERA- | 19b. MAJOR FIN | DINGS OF OPERATION | | 1111 0 | 20. AUTOPSY? |
| TION | | | | 443× | YES NO |
| 21a. ACCIDENT SUICIDE | | 21b. PLACE OF INJURY (e.g., in or about | 21c. (CITY, TOWN, OR TOWNS | SHIP) (COUNTY) | (STATE) |
| SUICIDE HOMICIDE | | home, farm, factory, street, office bldg., etc.) | Cora | 5. Muni | i hu |
| Id. TIME (Month) | (Day) (Year) | Hour) 21e. INJURY OCCURRED | 211. HOW DID INJURY OCCU | R? | |
| OF INJURY | | MHILE AT NOT WHILE WORK AT WORK | | | |
| 22 I hanaher aantifar t | hat I attended t | he deceased from Grance C | _, 19 56, 10 Tum | 1956 that I le | ist saw the deceased |
| alive on Zhush | 195 | and that death occurred at | | ses and on the date sta | |
| 23a. SIGNATURE | 102 | (Degree or title) | | / | 23c. DATE SIGNED |
| Lough (| ma | 1 NU 1/12 | ne | lan Mo | 3/1/56 |
| 24a. BÚRTAV, CREMÁ TION, REMOVAL (Speatr) | 246. DATE | 24c. NAME OF CEMETER | | CATION (City, town, or con | |
| Burrel | 13-4 | 56 Shrock C | enc. | leger | 1110 |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S | SIGNATURE 5735-12 | 25 FUNEBAL DIRECTOR'S | SIGNATURE | ADDRESS |
| 3-9-56 REG. | mrs. | M.W. Beckett | 1 Samuel | chieu 17 | ALLAN 140 |
| | | (Licensed Embalmer's S | tatement on Reverse Side) | | |



STATEMENT BY LICENSED EMBALMER

| | I hereby | certify | that the | body | whose | name | is | recorded | on the | reverse | side | of this | certificat | e was | emb |
|------|-----------|---------|----------|-------|-------|------|----|----------|--------|---------|--------|---------|------------|-------|-----|
| bу п | ne, or by | •••••• | | ••••• | | | | • | ••••• | | ., Stu | ident E | mbalmer | o | |

working under my personal supervision..

Signature of Student Embalmer

Licensed Embalmer No. 2.66/ P. O. Address Mulan - M.

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 this body is not embalmed, fact should be so stated above.