lth,	Dr. 229,27-56STANDARD CERTIFICATE OF DEATH		23337	
elfare plic vice, (/	1 FILEN THE VICTOR	Primary Registration District No. Regis	trar's No. 679	
734 Y 00 U	1. PLACE OF DEATH  a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institut  a. MTS souri  b. Greene		
56	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Yes:IX No	OR Springfield 399	Inside Limits YesXI No□	
, ,	c. FULL NAME OF (If NOT inhospital, give location) Length of stay in HOSPITAL OR Handley Hosp. Life	d. STREET (If outside, give location ADDRESS 500 S. Golden	Yes O NOO	
ral causes	3. NAME OF First Middle DECEASED (Type or print) KAREN ANN		Day Year 23 1956	
a death due to natural POSSIBLE	5. SEX Female / 6. COLOR OR RACE / 7. MARRIED □ NEVER MARRIED WIDOWED □ DIVORCED	April 22 1956 (ast birthday) Months	Days Hours Min.	
th due IBLE	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Infant  13. FATHER'S NAME	Springfield, Mo. US	EN OF WHAT COUNTRY?	
a death du POSSIBLE	Donald Lee Agee	Mary F. Clark		
\$ #	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) NO	Donale L Agee Springfie	ld, Mo.	
cannot certify to	18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).]  PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (a)	PNEUMONIA	INTERVAL BETWEEN ONSET AND DEATH	
Coroner can	Conditions, if any. which gare rise to above cause (a), stating the under- lying cause last, DUE TO (c)			
ioted. : C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	491X	19. WAS AUTOPSY PERFORMEDY YES. NO 🔀	
	RR	RED. (Enter nature of injury in Part I or Part II of item 18.)		
be casually ONLY BLAC	ZOC. TIME-OF Hour Month, Day, Year INJURY a. m. P. m.		To the Age of the Control of the Con	
must b	WHILE AT NOT WHILE TO SAT WORK TO TO	20/. CITY, TOWN, OR LOCATION COUNTY	STATE	
1.0		stated above; and to the best of my knowledge, wo	n thakauses stated.	
ة ت	22a. ETEMATURE L. Clayton D. D.	0 220 ADDRESS Cherry Springface	22c. DATE/SIGNED	
8008	23g. Burial, Crestation. 236. Date 225. Blame of CEMETRY OR	CREMADORY 23d LOCATION LIV, Vien. of biln(y).	Wistate)	
<u>ا</u> "		DATE RECD. BY LOCAL REG. ZEREGISTRAR'S ASNATULE		
ı	(Licensed Embalmer's State	ment on Reverse Side)	(Ames)	

## STATEMENT BY LICENSED EMBALMER

I hereby certary that the body whose hairs to recorded on the reverse s				
by me, or by,	Student	Embalm	ner No.	,
working under my personal supervision				
			_	_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.