lealth,	THE CED 11 1000 STANDARD CERTIF	ICATE OF DEATH	9919		
Welfare Voblic	FILED SEP 11 1956 STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER Registration District No. 23 Primary Registration District No. 23				
04	1. PLACE OF DEATH a. COUNTY AUdrain	2. USUAL RESIDENCE (Where deceased lived. If institute a. STATE MISSOUTI b. COUNTY	tion: Residence before		
300 1-56	b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Vandalia Yes X No D	1 on Tra. 12	Inside Limits Yes No D		
AII es.	c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR209 East Walsh INSTITUTION	d. STREET 209 East Walsh	on) Reside on Farm Yes 🗆 No 🗆		
caus	3. MARKE OF Clara Catherine (Type or print)	Ball A DATE AUMONIA	, Day 956 ear		
riii be lis o natural	5. SEX / 6. COLOR OR RACE /7. MARRIED NEVER MARRIED Female / White WIDOWED DIVORCED	Sep 17, 1865 9. AGE (In years If UNDER Sep 17, 1865) 1000 (In years of Months) 1000 (In years of Months)	Days Hours Min.		
symptoms will death due to n OSSIBLE	Housewife Farm	Farber, dissouri	EN OF WHAT COUNTRY? US		
a death a death POSSIBI	Nathaniel Sutton	Sarah Toliver			
18. No ify to a TE IF P	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yee, give war or dates of service) NO	Ethel Sutton, Vandalia,	Missouri		
n item 18. lot certify PEWRITE	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosi	.s	INTERVAL BETWEEN ONSET AND DEATH		
ore i can	Conditions, if any. which gave rise to				
nomenclat Caroner)R RIBBON	above cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.	O TO THE TERMINAL PREFACE CONNITION CITEM IN PART ((a)	19. WAS AUTOPSY		
	Intestional operation	4201	PERFORMED?		
ACK 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I or Part II of item 18.)			
ist use only be casual ONLY BL	ZOC. TIME OF Hour Month, Day, Year INJURY. a. m. p. m.	· · ·	t un		
must be	WHILE AT NOT WHILE AT WORK 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		STATE		
art In	21. I attended the deceased from August 28, 1956, to Aigust 30, 1956 and last saw her him alive on Aug. 30, 1956. Doath occurred at 3 A.M. months date stated above; and to the best of my knowledge, from the causes stated.				
s in Pa	220. SIGNATURE TINE Black MD O	226 ADDRESS Vandalia Missouri	. 22c. DATE SIGNED . 8/31.56		
- 6 7	23d. BURIAL. CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Purial Sep 2, 1956 arber Cemetery Farber, Missouri				
6-04	, - 0 William BWaters Vandalia, Mc Jept 2 1956 Dallie Fugur				
	(Licensed Embalmer's Statement on Reverse Side)				

LSGI O I THE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was en
by me, or by	, Student Embalmer No
working under my personal supervision	.
Student	Signed William P. Dal

Signature of Student Embalmer

Licensed Embalmer No

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.