FIED SEP 24 1956  STANDARD CERTIFICATE OF DEATH  Primary Registration District No.			N OF HEAL IN OF MISSOURI	20106
Primary Registration District No	•	FILED SEP 24 1956 STANDARD	CERTIFICATE OF DEATH	STATE FILE NUMBER
1. PLACE OF DEATH  COUNTY  D. CITY (If evinde corporate limits, give TOWNSHIP only) Inside Limits  ON PLANE OF (INDI inhapity) give location) Language in the county of th	Public \	1 1 1	Primary Registration District No. 41.6	7 Registrar's No. 5 3
OR COUNTY STATE  OR COU	\عري			<b>→</b> //
TOWN AND COUNTY	300   1-56	OR OO (1 d		
THE STITUTION OF S. PLAT MISSIAN CONTROL OF PLAT MISSI		c. FULL NAME OF (If NOT in hospital girlocation) Length of	stervin 3h	
December 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AII.	HOSPITAL OR	d. SIREE!	0 01
S. SEX   S. COLOR ON PARCE   7. MARPIED   NEVER MARRIED   S. ONTE OF BIRTH   S. ACCE LIN years   T. WINDOWED   DIVORCED   1. STATER'S NAME   WINDOWED	sted.	DECEASED /	OF .	0 -
100. USIND OCCUPATION (CIDE NICHO F DUSINESS OR INDUSTRY 11. BIRTHPLICE (CITY and nation or country)  11. STATES NAME  12. CITIZEN OF WHAT COUNTRY  13. STATES NAME  14. MOTHER'S MAINE  15. STATES NAME  15. STATES NAME  16. SOCIAL SECURITY NO. 171 INFORMANT  17. INFORMANT  18. CAUSE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  19. WAS DECEASED EVER IN U. S. ARMED FORCEST  10. LITTLE OF WAS CAUSED BY.  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause per lime for (a), (b), and (c).)  10. LANGE OF DEATH (Enter only one clause one cla	be li latura		IARRIED 8. DATE OF BIRTH 9. AGE (In last birt)	years IF UNDER I YEAR IF UNDER 24 HRS.
STATE OF THE OF HOUR PROPERTY OF THE SECRETORY HOURS AND AND HOLD TO THE TEMPINE DEFENSE CONDITION OF THE SECRETORY TO THE SECRETORY TO THE TEMPINE DEFENSE CONDITION OF THE SECRETORY TO THE SECRETORY TO THE TEMPINE DEFENSE CONDITION OF THE SECRETORY TO THE	w to a	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		12. CITIZEN OF WHAT COUNTRY?
THE PART I. DEATH MAS CAUSED BY.  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   Sitter only one touse per line for (a), (b), and (c).  BE CAUSE OF DEATH   SITTER ONE OF INJURY (a, a, in or about home, both one in the line of my knowledge, from the causes stated with the line of the deceased from July   Sitter only one to control of the best of my knowledge, from the causes stated above: and to the best of my knowledge, from the causes stated above: and to the best of my knowledge, from the causes stated one of the state of the s		Kause Wife Own How	e Bales Co. mo.	7. S.R.
Team or unknown   (If we. give var dates of service)   31.	sym dea POSS	lames a Smith	Charalette	While
18 CAUSE OF DEATH   Enter only one Young per line for (a), (b), and (c).	χοπ C	(Ves. no. or unknown) (If yes. give war or dates of service)	CURITY NO. 17 INFORMANT	Address O. C.
Conditions, if any, which goes the conditions of	tem 1 certif WRIT	18. CAUSE OF DEATH [Enter only one tause per line for (a), (b), and	d (c).]	INTERVAL BETWEEN: ONSET AND DEATH
DUE TO (c) ALL ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    20a. INJURY OCCURRED	e in i annot TYPE		ability	8 Months
Stating the under last   DUE TO (c)   ALLENGALINATION OF ANY AND ANY OF	agn con	Conditions, if any DUE TO (b) Mulastatic	aleno carcinone of bir	east
PERFORMED!    PERFORMED!   PERF	Coronia S	stating the under- lying cause last. Due to (e) Advancere	inoma of breast	
20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  20. TIME OF Hour Month, Day, Year INJURY a. m.  10. D. m.  20. PLACE OF INJURY (e. g., in or about home, large in part in part in part 1 or Part 11 of Item 18.)  20. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT AT WORK A	A OR	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED
20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m.  20d. INJURY OCCURRED WHILE AT NOT WHILE   farm, factory, street, office bldg., etc.)  21. I attended the decessed from July 1955 to Sept 19/156 and last saw her alive on 9-19-57  Death occurred at 18:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated  22a. SIGNATURE (Degree or title)  22b. ADDRESS  23d. BURIAL, CREMATION, 23b. DATE  23d. BURIAL, CREMATION, 23b. DATE  23d. FUNERAL DIRECTOR  ADDRESS  25 DATE RECD. BY LOCAL RES. 26. REGISTRAR'S SIGNATURE  (Viny Qu. Majur)  25 DATE RECD. BY LOCAL RES. 26. REGISTRAR'S SIGNATURE  (Viny Qu. Majur)	stand rela		RY OCCURRED. (Enter nature of injury in Part I or Part	
Death occurred at   Degree or title   22b. Address   22b. Address	only tually BLA(	3 20c. TIME OF Hour Month, Day, Year		
WHILE AT WORK   Sarm, factory, street, office bldg., etc.)  2t. I attended the deceased from Jul. 1955 to Synt 19/156 and last saw her alive on 9-19-576  Death occurred at 15:40 A m on the date stated above; and to the best of my knowledge, from the causes stated in 22a. Signature (Degree or title)  22a. Signature (Degree or title)  22b. Address  22c. Date signed 9-20-57  23a. Burial, Cremation, 23b. Date 23c. Name of cemetery or crematory 23d. Location (City, towh or county), (State)  23f. Funeral Director Address  25f. Date recd. By Local Res. 26f. Registrant's Signature  25f. Registrant's Signature  27f. Date of County of Cou	, nse	p. m.	Amy Anna 1207 CITY TOWN OR LOCATION	COUNTY STATE
Death occurred at	must b	WHILE AT NOT WHILE   farm, factory, street, office blag.	(, dc.)	
22a. BIGNATURE (Degree or title)  22b. ADDRESS  22c. DATE SIGNED	# -		# · · · · · · · · · · · · · · · · · · ·	<del></del>
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county), (State)  BENDOVAL (Specify) 9-22-56 SAR HILLENGTON BULLETING SIGNATURE  23 FUNERAL DIRECTOR ADDRESS 25 DATE RECD. BY LOCAL RES. 26. REGISTRAN'S SIGNATURE  18 Surian Bulletin Double State. 9-21-54 Signature	in Po			22c, DATE SIGNED
28 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL ARES: 26. REGISTRAR'S SIGNATURE  18 Junion Brather Mondo Sept. 9-21-54 Winnyage Major	or, co		ETERY OR CREMATORY 23d. LOCATION (City, C	
18 Juin Brother Mondo for 9-21-54 Dearge que napor	Doct	Burial 7-22-56 NAK	Will Brother But	es mo
(Licensed Empolmer's Statement on Reverse Side)	18	winn-Brather Duels land	2. 9-21-56 QUALAR	W. grapus
	0 ( 7	/Licensed Embolmer	's Statement on Reverse Side)	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	name is recorded on the reverse side of this certificate was er
by me, or by	, Student Embalmer No
working under my personal supervision	
	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$

Student ..... Signature of Student Embalmer

Licensed Embalmer No. 16 9.

P. O. Address Change

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.