BIRTH NO	Gien NAV	1 0 1056	THE DIVISION OF H		TLI	33332
Fired Coff Death	• • • • • • • • • • • • • • • • • • • •	1.9 1200	(つっ			
b. CITY (II conside corporate limits, with RUBAL and give for TOWN Cape Girardeau Control of Cape Girardeau Control of Cape Girardeau Cape Girardeau Control of Cape Girardeau Cape Girardeau Mountain Cape Girardeau C	1. PLACE OF DEA			2 USUAL RESID	ENCE (Where deceased li-	red. If institution: residence be
HISTITUTION ST FPANCIS HOSPITAL SOME AND ST CLASS Albert St. NAME OF C. (LASI) DECREASED (Type or Print) Martin Fred S. SEX D. C. CLORO RACE (White White White White White White No. ELLAN, OCCUPATION (City blad of work Laster T. MARRIED, Never MARRIED, Wild Procedure and or white like away if reduced) Laster Too bald Amos Anna S. Latter's NAME Teobald Amos S. FATHER'S NAME Teobald Amos S. FATHER'S NAME Teobald Amos S. FATHER'S NAME Too bald Amos Anna Suedek Anna Suedek Anna Suedek Mary Amos Anna Suedek Mary Amos To instrument of designment of designme	b. CITY (If equide eor	perate limite, write RI	towaship) STAY (is this plac	sil OK		od give towarkin
COLOR OF Print) Martin Fred Amos DATH Oct. 29. 1956. 5. SEX S. SEX S. SCADOR OR RACE Male Minte Minte Martin D. SUMAL OCCUPATION (Give Nated at cert dendedring must of working life, aven if retred) Laster D. Lislan Could of work dendedring must of working life, aven if retred) Laster D. S. KIND OF BUSINESS OR IN: DUSTRY Shoe Fractory Gordon ville Mo Mary Amos Laster Teobald Amos Fred D. KIND OF BUSINESS OR IN: DUSTRY Shoe Fractory Gordon ville Mo Mary Amos Laster Teobald Amos Is south section In Birthplace: Gity and State or Foreign Committy) DISA Anna Suedek Anna Suedek To. Informant's Signature Offices NO Is cause or dates of service NO Is cause or Death NO Is cause or Death In Disease or Condition NO Is cause or Death Interfer (a), (b), and (c) "This does not mean the sub-condition, used and enderlying couse last distributing to the detail but not related the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distributing to the detail but not related to the distribution to related to the	HOSPITAL OR	,		ADDRESS	•	01-0
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15. MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10. OF THE MAN AND CAPE GIRACTURE OR NAME (M. 10. NO. 10.	Sa. FATHER'S NAME		136. MOTHER'S MAIDE			D OR WIFE
B. CAUSE OF DEATH Chater only one course per the mode of dying, ruch the the the distinct the distinct the the the the declaration ANTECEDENT CAUSES ANOTHER CHORDITION DUE TO (b) TO (c) TION TO (COUNTY) T	5. WAS DECEASED EVER	R IN U.S. ARMED F	FORCES? 16. SOCIAL SECURITY	7 17. INFORMANT	S SIGNATURE OR N	
19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19b. ACCIDENT 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT 21b. PLACE OF INJURY (e.g., in or about SUICIDE 19b. PLACE OF INJURY (e.g., in or about bonne, farm, factory, estreet, office bidg., ena.) 21c. (EDTY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	"This does not mean he mode of dying, such us heart failure, asthenia, ite. It means the dis- ase, injury, or complica-	ANTECEDENT CA Morbid conditions rise to the above co the underlying cau II. OTHER SIGNIF Conditions contrib	AUSES s, if any, giving DUE TO (b) ause (a) staring use last. DUE TO (c) FICANT CONDITIONS mating to the death but not		0	5 <i>H</i> .X
SUICIDE HOMICIDE PROMICIDE RIGHTIME (Month) (Day) (Tonk) (Hom) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 10. I hereby certify that I attended the deceased from May 24f., 1957, to 24f., 1958, that I last saw the deceased alive on 62f. 29f., 1958, and that death occurred at 8:00A m., from the causes and on the date stated above. 13a. SIGNATURE 13a. SIGNATURE 13a. SIGNATURE 13b. NAME OF CEMETERY OR GREMATORY 15c. NAME OF CEMETERY OR GREMATORY 15c. NAME OF CEMETERY OR GREMATORY 15c. STATURE 15c. STATUR	9a. DATE OF OPERA-			ua of Ree	tum	YES NO
WHILE AT WORK NOT WHILE INJURY MORK AT WORK	IIa. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or abou bome, farm, factory, street, office bidg., etc	21c. (ELTY, TOWN, OR	TOWNSHIP) (O	OUNTY) (STATE)
alive on Grant 1916, and that death occurred at S: UUA m., from the causes and on the date stated above. 23a. SIGNATURE Degree or study Clap ADDRESS Sprigg Cape Gir., Mo No 56 24a. BURIAL. CREMA- 24b. DATE 100. REMOVAL (Repeatry) BURIAL CREMA- 24b. DATE 10/31/1956 St James Cemt Tilset Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUMENAL PRESTOR'S SIGNATURE ADDRESS Cape (Firardeau Mo	Id. TIME (Month) OF INJURY	(Day) (Year) 0	WHITE STEEL MOTWAIN FOR	21f. HOW DID INJURY	OCCUR? 4	·
24s. BURIAL CREMA- 24b. DATE 26. NAME OF CEMETERY OR GREMATORY 24d. LOCATION (City, town, or county) (State TION, REMOVAL (Species) 10/31/1956 St James Cemt Tilset Mo. DATE REC'D BY LOCAL REGISTRARS SIGNATURE 25. FUNE PAL DYRECTOR'S SIGNATURE ADDRESS Cape (firance au Mo.)	2. I hereby certify t alive on Excl	hat I attended t	_, and that death occurred a	t <u>O : UUA</u> m., from ti	he causes and on the	date stated above.
TION, REMOVAL (RECEIVED) Burial 10/31/1956 St James Cemt Tilget Mo DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNE PALL DYRECTOR'S SIGNATURE ADDRESS Cape Girardeau Mo	11-0	Thea	acusa, M	/	.	
Cape Girardeau Mo	<u>Burial</u>	10/31/19	956 St James	Cemt	Tilset Mo.	
	DATE REC'D BY LOCAL	. REGISTRÁRIS S	SIGNATURE	25: FUNE DAY DI REC		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the rever	rse side of this certificate was embalmed by me, or by
vorking under my personal supervision.	(1) (1) (1)

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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