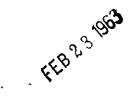
THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH FILED NOV 13 1956 STATE FIL Welfare Primary Registration District No. 1543 ublic Registration District No. arvice 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY 300 b. CITY (If outside corporate limits, dive TOWNSHIP only) Inside Limits c. CITY Inside Limits OR -56 OR Yes X No 🗆 TOWN TOWN c. FULL NAME OF (If NOT inhospital, give location) Length of stay in 1b Reside on Farm d. STREET HOSPITAL OR INSTITUTION & ADDRESS Month Year NAME OF Middle Last 4. DATE DECEASED DEATH (Type or print) IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Hours WIDOWED DIVORCED [USUAL OCCUPATION (Give kind of work done | 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 'eg, no, or unknown) | (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per-INTERVAL BETWEE ONSET AND DEATH Conditions, if any, DUE TO (b) which care time to above cause (a), stating the underlying cause last. 9. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED? YES 🗌 NO 🗍 20a. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part 11 of item 18.) П 20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e. g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.) NOT WHILE WORK AT WORK _and last saw her alive on _ 21 I attended the deceased from ne date stated above; and to the best of my knowledge, from the causes stated Death occurred at 226, ADDRESS 22a. SIGRATURE 22c, DATE SIGNED IE OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (State) 23a. BURIAL 26. REGISTMAR'S SIGNATURE. (Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I	hereby	certify	that t	he boo	ly whose	name	is	recorded	on t	the	reverse	side	of this	certificate	was	en
by me,	or by .			• • • • • • •			• • • •					., Stu	ıdent E	mbalmer N	0,	-

working under my personal supervision..

Signature of Student Embalmer

Signed 7 L Schalug

Licensed Embalmer No. 4

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.