FILED NOV 5 - 1956 STANDARD CERTIFICATE OF DEATH STANE PILE (NUMBER PILE (NUMBER PILE (NUMBER PILE (NUMBER)) 1. PLACE OF DEATH 1. COUNTY D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after TOWNSVIP only) D. CITY (If ourside corporate limits, after Townsvip only) C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY D. COUNTY D. COUNTY D. COUNTY C. FULL NAME OF (If NOT inhospital, give location) D. COUNTY		THE DIVISION OF HE		33774
1. PLACE OF DEATH a COUNTY C C C C C C C C C		• • • • • • • • • • • • • • • • • • • •	ICATE OF DEATH STATE F	TLE NUMBER
1. PLACE OF DEATH COUNTY C	Public	Registration District No	imary Registration District No. +216	Registrar's No. 295
De CITY (If outside corporate limits, grof TOWNSHIP only) Year U No. Year U No.	Ι,	,	11	ry L/ admission)
TOWN C. FULL NAME OF (If NOT inhospital, give location) Length of stay in 1b A. STREET (If outside, give location) Reside on Four HOSPITAL OR INSTITUTION STATE Mode of the Hospital, or product of the Hospital or product or pro		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits		
Note 10 10 10 10 10 10 10 1	1-30	TOWN Lebo Yes LI No.	TOWN Calhour	Yes B Not
3. MANER OF DECLARED OF PIFE! 4. DATE OF SHITH 5. SEX 5. SEX 6. COLORI OR ROCK! 7. MARRED B MEVER MARRIED 8. DATE OF SHITH 9. AGE (In years FLUNGER; Itel FLUNGER; Itels) 100. USUAL OCCUPATION (Give kind of years date; with minowed) 100. USUAL OCCUPATION (Give kind of years date; with minowed) 11. AND USCASSED OF COLORISM (INC.) 12. FATHER'S SHANDER 13. FATHER'S SHANDER 14. MOTHER'S MANDER MANE 15. WAS DICCASSED VER IN J. S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMATIVE 17. INFORMATIVE 18. WAS DICCASSED BY: 18. MAS DICCASSED BY: 19. MAS	₩ ¥	HOSPITAL OR	II a. SIREE! (coisios, g.vo	
S. SEX S. COLOR OR RACE! S. MARRIED S. NOTE OF BIRTH S. AGE (19 year) S. AGE	. 4	3. MAME OF First Middle		onth Day Year
Male Mitter Moomed Divorced Gray 33 199 57 63 Heart Michael Mich	List ral	(Type or print) / Yay / Paul	Maytin DEATH OC	
The property of the property of the present of the		M / ///. TO MARKED & REVER MARKED		fonthe Days Hours Min.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED US IN L. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMATION Address 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).} PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a). Conditions, if any, which gave rise to do above course (b). Conditions, if any, which gave rise to above cause (a). The course (a). The course (a). DUE TO (c). The course (a). DUE TO (c). The course (a). The course (a)		10a. USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY	11/ BIRTHPLACE (City and state or country)	2. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER DELIS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMENT Address 17. INFORMENT Address By Martin 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).} 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).} PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, one cause of the control of the cause of	h du BLE	haymr.x	Calhour, Mo.	U.S.A.
15. WAS DECEASED EVER DELIS. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMENT Address 17. INFORMENT Address By Martin 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).} 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).} PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, one cause of the control of the cause of	symp de at OSSI	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
18. CAUSER OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSER OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLLEGATION Conditions, if any, which gave rise to definite the ander lighting cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNIFIC		15. WAS DECEASED EVER IN. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address	sur.
INTERVAL BETWEEN ONLY CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).}	18. ify t TE I	4 A/	Bob Martin	
Conditions, if any, which gave rise to the part II. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition Given in Part II. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition Given in Part II. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition Given in Part II. Other II. Other Significant Conditions Contributing to Death But not related to the terminal disease Condition Given in Part II. Other II	- -			
Does to the cause (a), and a control of the terminal disease condition given in Part I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	i i G 스	IMMEDIATE CAUSE (a) Caracarily	acceliain-	30 mu
Does to the cause (a), and a control of the terminal disease condition given in Part I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	at ca Car	Conditions, if any, Due TO (b)		
PERFORMED? YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES ON DESCRIBE HOW INJURY OCCURRED. (Enter 18.) YES ON DESCRIPTION OF THE INJURY OCCURRED. YES ON DESCRIPTION OF THE II OF THE III OF THE II		which gave rise to above cause (a), stating the under-		
20c. TIME OF Hour Month, Day, Year INJURY a.m. p. m. 20d. INJURY OCCURRED Jarm, Jactory, street, office bldg., etc.) 20d. INJURY OCCURRED Jarm, Jactory, street, office bldg., etc.) 21: I attended the deceased from 10 20 56, to 10 26 57 and last saw there alive on 10 26-57 Jactory the causes stated. 21: I attended the deceased from 10 20 56, to 10 26 57 and last saw there alive on 10 26-57 Jactory the causes stated. 22a. SIGNATURE (Degree or title) 022b. ADDRESS 22c. DATE SIGNED 12. OATE SIGNED 12. OA		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	ila	PERFORMED?
20c. TIME OF Hour Month, Day, Year INJURY a.m. p. m. 20d. INJURY OCCURRED Jarm, Jactory, street, office bldg., etc.) 20d. INJURY OCCURRED Jarm, Jactory, street, office bldg., etc.) 21: I attended the deceased from 10 20 56, to 10 26 57 and last saw there alive on 10 26-57 Jactory the causes stated. 21: I attended the deceased from 10 20 56, to 10 26 57 and last saw there alive on 10 26-57 Jactory the causes stated. 22a. SIGNATURE (Degree or title) 022b. ADDRESS 22c. DATE SIGNED 12. OATE SIGNED 12. OA	and and a second	20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURR		7 123 110 2
Death occurred at Column)		
WHILE AT ONE NOT WHILE farm, factory, street, office bldg., etc.) 21. I attended the deceased from 10 25 56, to 10 -265 and last saw him alive on 10 76-57a Death occurred at 1/36 Pm on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 23d. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 23d. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 23d. Mindled Bigum	# S >	INJURY a.m.	•	£ -
Death occurred at 1/32 Pm on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) (Degree or ti		WHILE AT NOT WHILE Jarm, factory, street, office bldg., etc.)	20/, CITY, TOWN, OR LOCATION COU	UNTY STATE
Death occurred at	ن ق غ خ ا	21: I attended the deceased from 10 20 56, to 11	0-2650 and last saw him alive	on 10-76-56
23a. BURIAL, CREMATION. REMOVAL (Specify) Oct. 29 Ca'lhour Comptexy ADDRESS 25. DATE RECO. BY LOOK REG. 26. REGISTRA'S SIGNATURE Lay Lay Lay Lay Lay Lay Lay La	, t		e stated above; and to the best of my knowledg	e, from the causes stated.
23a. BURIAL, CREMATION. REMOVAL (Specify) Oct. 29 Ca'lhour Comptexy ADDRESS 25. DATE RECO. BY LOOK REG. 26. REGISTRA'S SIGNATURE Lay Lay Lay Lay Lay Lay Lay La	in F			1
REMOVAL (Specify) Oct. 29 Ca'lhour Cometery Ca hour Missouri 24. Funeral director ADDRESS 25. DATE RECD. BY LOOK REG. 26. REGISTRAR'S SIGNATURE 1-11 Filis Huston Windson Mo 10-29-16 Mildred Bigum	. i	23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR C		71
1-1) Ellis Huston Windsox Mo 10-29-I6 Mildred Bigum	Soct.	BEHOVAL (Specify)		Missouxi
	1-11	24. FUNERAL DIRECTOR ADDRESS 25. D	ATE RECD. BY LOCK REG. 26. REGISTRAR'S SIGNATU	. 4
	/	(Licensed Embolmer's Statem		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body	y whose name is recorded or	n the reverse side of th	is certificate was en
by me, or by		, Student	Embalmer No

working under my personal supervision..

Signature of Student Embalmer

Student.....

Signed Eller . K Licensed Embalmer No. 339

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

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.