SIRTH NO. SEC. DIST. NO. 2744 PRIMARY REG. DIST. NO. 2552 Registrar's No. 2572 Re	-ALED DEC	3 1958	THE DIVISION OF HE			sta Filo No	38988
1. PLACE OF DEATH 2. COUNTY Pettis b. CITY (If ourded corporate limits, write RURAL and give to Town Sedalia d. FULL NAME OF COUNTY Bedder township light to COUNTY TOWN Sedalia d. FULL NAME OF GI are to be begind to institution, give trees address or location: NSTITUTION Bothwell hospital 3. NAME OF Bothwell hospital 3. NAME OF COUNTY Pettis Stiffer Medical Potential County (Institution) 3. NAME OF COUNTY Pettis Stiffer Medical Potential County (Institution) 3. NAME OF COUNTY Pettis Stiffer Medical Potential County (Institution) 3. NAME OF COUNTY (Institution) 4. DATE (Memth) (Day) (Xe DEATH COUNTY) 5. SEX FEMALE White White White White OF BUSINESS OR IN-COUNTY) 103. STATE White White White OWN home DUSTRY 103. STATE (Institution) 104. STATE (Institution) 105. SEX OF DEATH Name Of USE STATE (City and Stiffer Ferrise Country) 105. SEX OF DEATH Name Of USE STATE (City and Stiffer Ferrise Country) 105. SEX OF DEATH Name Of USE STATE (City and Stiffer Ferrise Country) 106. COUNTY (Institution) 107. STATE OF DEATH Name Of USE STATE (City and Stiffer Ferrise Country) 107. INFORMANT S SIGNATURE OR NAME (USE STATE OR NAME (City and Stiffer Ferrise Country) 107. INFORMANT S SIGNATURE OR NAME (City and Stiffer Ferrise Country) 107. INFORMANT S SIGNATURE OR NAME (Name Or USE STATE OR NAME (City and Stiffer Ferrise Country) 107. INFORMANT S SIGNATURE OR NAME (Name Or USE STATE OR NAME (Name OR NAME (Name Or USE STATE OR NAME (Name OR NAM	BIRTH NO		a -				15
County C				2. USUAL RESI	DENCE (Where decoased	lived. If inst	itution: residence b Pettis *dinim
1. Instruction 1. I	II OR		URAL and give cownship STAM in weeks	OR TOWN		d. Is Res a city Yes	
Type or Print MARTIES NEVER MARRIED S. DATE OF BIRTH S. ADE (15 parts) if stocks it talk mosts mo	d. FULL NAME OF (HOSPITAL OR INSTITUTION			STREET ADDRESS R	oute I		0800
September 25, 18 TO ast birthday Davy Hour Hour September 25, 18 TO ast birthday Hour			•		l OF	(Month) Novemb	er 24, 19
None DUSTRY Saline County, Missouri County,			7. MARRIED, NEVER MARRIED, 2 WIROWED DIVORCED (Bpooling)	8. date of Birth September	25、18夕の list birthdi	(y) Months	t YEAR IF UNDER M Days Hours M
William Haeslip	10a. USUAL OCCUPATION done during most of working housewill)N (Give kind of work ag life, even if retired)	L DIISTRY	Saline Co	unty, Missour	Country)	12. CITIZEN OF WI
County C		slip		<u> </u>	Andrew J.	Willia	
Enter only one cliuse per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, sic. If means the discass, not mean the mode of dying, such complication which caused death. Morbid conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discase or condition causing death. 19a. DATE OF OPERA. TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHIL	15. WAS DECEASED EVE		-tt NO	Mrs. Marie	or Dexheimer, B	NAME oute 1 edalia,	ADDRES Mo.
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discosed eause (a) stating the underlying cause last. DUE TO (c) DUE TO (c) DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discase or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE HOMICIDE 10c. (CITY, TOWN, OR TOWNSHIP) 21d. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 10c. (Bpacify) 21d. PLACE OF INJURY (s.e., in or about bone, farm, factory, street, office bidg., etc.) 21d. TIME OF INJURY 21d. Month) OF INJURY 22. I hereby certify that I attended the deceased from WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from AT WORK 23. SIGNATURE 24a. BURTAL CREMA- CREMA- TION REEMOVAL (Bpacify) 11/26/56 CTOWN HILL CREMATORY 25. FORERAL DIRECTOR'S SIGNATURE ADDRESS 25. FORERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 25. FORERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	. Enter only one cause per	I. DISEASE OR CO	ONDITION	Carlity	3_	-	INTERVAL BETWE
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS CONDITION (COUNTY) III. OTHER SIGNIFICANT CONDITIONS CONDITION (COUNTY) III. OTHER SIGNIFICANT CONDITIONS CONDITION (COUNTY) III. OTHER SIGNIFICANT CONDITIONS COUNTY III. OTHER SIGNIFICATE CONDITIONS COUNTY III. OTHER SIGNIFICATE CONDITIONS COUNTY III. OTHER SIGNIFICATE III. OTHER	the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid conditions	s, if any, giving DUE TO (b)	<u>nterii</u>	seles	· •>	
19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 1 22 20. AUTOPSY: 21a. ACCIDENT (Bpecify) 21b. PLACE OF INJURY (e.e., in or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 22d. I hereby certify that I attended the deceased from At work 23d. and that death occurred at 33d.m., from the causes and on the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State of the county) of the county of th			FICANT CONDITIONS				
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NO	19a. DATE OF OPERA- TION				4 :	221	20. AUTOPSY1
22. I hereby certify that I attended the deceased from Arwork 1930, to NOU 14, 1956, that I last saw the deceased on Nou 23, 1956, and that death occurred at \$30a.m., from the causes and on the date stated above. 23a. SIGNATURE 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE REC'D BY LOCAL REGISTRAR'S SIGNAPORE 25. JOHERAL DIRECTOR'S SIGNATURE 25. JOHERAL DIRECTOR'S SIGNATURE ADDRESS 25. JOHERAL DIRECTOR'S SIGNATURE ADDRESS 25. JOHERAL DIRECTOR'S SIGNATURE ADDRESS	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OF	R TOWNSHIP)	(COUNTÝ)	(STATE)
alive on 23, 1956, and that death occurred at \$30a.m., from the causes and on the date stated above. 23a. SIGNATURE, Degree or title) 23b. ADDRESS 24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Station Removal (Repeatly) 11/26/56 Crown Hill Cemetery Sedalia, Missouri DATE REC'D BY LOCAL REC'STRAR'S SIGNAPORE 25. FORERAL DIRECTOR'S SIGNATURE ADDRESS	21d. TIME (Month) OF INJURY	(Day) (Year) (WHILE AT NOT WHILE	21f. HOW DID INJUR	Y OCCUR?		
23a. SIGNATURE Degree or title) 23b. ADDRESS 24a. BURIAL CREMA- 24b. DATE TION REMOVAL (Specify) 11/26/56 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Sta TION REMOVAL (Specify) 11/26/56 Crown Hill Cemetery Sedalia, Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNAPORE 25. SOMERAL DIRECTOR'S SIGNATURE ADDRESS 25c. DATE SIGNATURE ADDRESS							
DATE REC'D BY LOCAL REGISTRAR'S SIGNAPORE 25. FORERAL DIRECTOR'S SIGNATURE ADDRESS 26. FORERAL DIRECTOR'S SIGNATURE ADDRESS 27. FORERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS		Nalte	(Pegree or title) (23b. ADDRESS	alia m	10	23c. DATE SIGN
	24a. BURTAL. CREMA TION REMOVAL (Specify BURTAL		66 Crown Hill	Cemetery	Sedalia, Mi		ty) (State
	DATE REC'D BY LOCAL	/ سا	/~ A ^ A A	25. FOHERAL DIRE	CTOR'S SIGNATURE		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba by me, or by, Student Embalmer No.......

working under my personal supervision...

Signature of Student Embalmer

Signed R. E. Baker

Licensed Embalmer No 2 4 1

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

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.