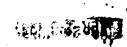
<b>15</b>		TH	MORIVID B	OF HE	alth of Misso	)URI			44	418
FILED JAN 7	1957	STA	NDARD (	CERTIF	ICATE OF DE	ATH	State	File No	.هه.	
BIRTH NO		_ REG. I	oist. No. <u>2</u>	24	PRIMARY REG. DIST	. мо. <u>Зо</u>	72 Regis	tror's No.	اايد	
I. PLACE OF DEA	2. USUAL RESI	DENCE (	Where decessed li	ved. If ine	titution: re	aklence before				
a. COUNTYSaline					a. STATE Miss	ouri	b. COL	Sal	ine	adminion).
b. CITY (If outside corr						<u> </u>				
TOWNMarshall township STAY (in this place) 5 days					TOWN Mars				$q^{\prime}$	100
d. FULL NAME OF (If not in bospita) or institution, give street address or location) HOSPITAL OR- HIGHERM John Fitzgibbon Memorial					d. STREET ADDRESS		.give location) North C	onwa	v Sti	reet ·
3. NAME OF	b. (Middle)			c, (Last)	4. DATE	(Month)	(Day)	(Year)		
3. NAME OF a. (First) DECEASED (Type or Print)Buelah					Allen	DEATH Dec. 30, 1956				
5. SEX 人 6. C	7. MARRIED, NEVER MARRIED.			8. DATE OF BIRTH 9. AGE (In year last birthday)			IN INCER	1 1248   5	OPOUR M 125.	
Female Negro		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Spedity) MATTIEC			April 27,1917   39			#10E(88)	Days   B	ours   alm,
10a. USUAL OCCUPATION (Gleve kind of work		10b. KIND OF BUSINESS OR IN- DUSTRY			11. BIRTHPLACE (City and State or Foreign Country)			117) D	12. CITIZ	ENOF WHAT
done during most of working life, even if retired)  House wife		home;			Marshall Missouri			اب	U.S.	Ä
13a. FATHER'S NAME		136' MOTHER'	S MAIDEN			ME OF HUSBAN	D OR TO			
	D.Bell		Armelia			Tel	on Alle	'n		
Cornelius D.Bell  15. WAS DECEASED EVER IN U.S. ARMED F		FORCES?	16. SOCIAL S	ECURITY	17. INFORMANT				Al	DDRESS
(Yes, no, or unknown) (If yes, give war or dates of service) NO.					Lelon C.A				• • • •	
no none MEDICAL C					ERTIFICATION	Tren,	Programme 1	- 4114	INTERV	AL BETWEEN
18. CAUSE OF DEATH  Enter only one cause per   1. DISEASE OR CONDITION   Line for (a), (b), and (c)   DIRECTLY LEADING TO DEATH*(a)   Diabetes Mellitus   Diabetes Mel								·	ONSET	AND DEATH
									İ	
the mode of dying, such Morbid conditions, if any, gisting DUE TO (b) ACIGOSIS AND COME									-	
as heart failure, asthenia, etc. It means the dis-	If means the dis-									
ease, injury, or complica-	DUE TO (c)							-[		
tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS  Conditions and other during the during but met								1.	
	Conditions contributing to the death but not related to the disease or condition causing death. Acute Interstitial Nephritis								1	<u> </u>
19a. DATE OF OPERA-	•	Ur	emia 🔻		20. AUT	OPSY1				
TION							2	60 X	YES	
21s. ACCIDENT	Specify)		EOFINJURY (e.g.		21c. (CITY, TOWN, O	R TOWNSHI	P) (C	(Y TNUC		TATE)
21a. ACCIDENT ( SUICIDE HOMICIDE	į	bome, farm	, factory, street, offic	4 Didg., 464.)	ļ ·	٠,	·	• • •		
Zid. TIME (Month) OF INJURY	(Day) (Year)		21a. INJURY OC WHILE AT NOT WORK AT	CURRED WHILE WORK	211. HOW DID INJUI	RY OCCUR?			-	<u>.</u>
						- 70	44.56		<u> </u>	
22. I hereby certify the	hat I attended (	he deceo	ised from L	<u>29</u>	, 1956., to De l l : 15 pn., from	the cause	, 19 <u>_110</u> , 1 s and on the i	inai i iai Ante state	st saw th d above.	e aeceasea
	<u> </u>	<u>∠, ana</u>	mai aeain oce	arres ut .	23b. ADDRESS	-110 00000		•	.23c. DA	TE SIGNED
23 SIGNATURE	N. Mac	lis	en W	֓֞֞֓֞֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	454 Wes	t Mar	ion Mar	ssoui shal	12-	<u>31<b>-</b>56</u>
24. BURIAL, CREMA-	24b. DATE			CEMETER	Y OR CREMATORY	24d. LOC	ATION (City, to	ALD' OI COCH	nty)	(State)
24a. BURIAL, CREMA- TION, REMOVAL (Reposity) BUT181	1/2/57	7	Faievie	w Cei	neterv	Mars	hall Mi	ssou	ri	
DATE REC'D BY LOCAL REG.	REGISTRAR'S				25 FUNERAL DIR	ECTOR'S	MATURE	2 4	DDRE \$5	172
12-31-56	Ceail	<u> 2.10</u>	ad		Horal	- NY L	reen 1	aus	hel	U/10.
			(Licensed En	nbalmer's	esternent de Réverse	Side)				



STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Student Embalmer

h

Licensed Embalmer No. 4220

1861 E. S. 1811.

P. O. Address The hall Ma

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

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