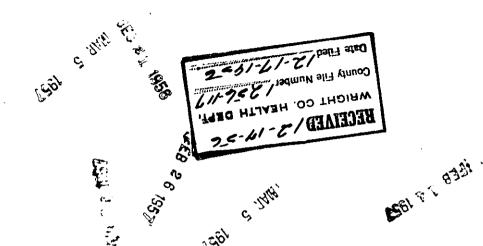
## THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH REG. DIST. NO. 2 2 9 PRIMARY REG. DIST. NO. 4

44610

| BIRTH NO  |   | REG. DIST                             | . NO. 329   | PRIMARY REG. DIST         | . NO 6282 Re                      | gistrar's No                   | 189                              |
|---|---|---------------------------------------|---|---------------------------|-----------------------------------|--------------------------------|----------------------------------|
| 1. PLACE OF DEA   | TH<br>VRIGH   | +7                                    | · · · · · · · · · · · · · · · · · · ·                         | 2. USUAL RESI<br>a. STATE | DENCE (Where decoased b. C        |                                | rution: residence before         |
| b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF STAY (in this place)  |   |                                       |   | c. CITY<br>OR<br>TOWN NOR | WOO D                             | d. Is Resid<br>a city o<br>Yes | ence within limits of O          |
| d. FULL NAME OF (If not in hospital or institution, give street addressor location) HOSPITAL OR INSTITUTION 60 HIGHWAY WEST   |   |                                       |   | o. STREET<br>ADDRESS      | (If rural, give location)  OHIGHU | JAY.                           | KEST.                            |
| 3. NAME OF<br>DECEASED<br>(Type or Print)   | a. (First)  | ,                                     | b. (Middle)   | c. (Last)                 | AKERS 4. DATE OF DEATH            | DEC.                           | (Day) (Year)<br>12 /95           |
| MU  | COLOR OR RACE   | MIDOWED                               | NEVER MARRIED,<br>D. DIVORCED (Specify)                       | 8. DATE OF BIRTH          | 9. AGE (In last birthd)           | Months 1                       | Days Hours Min.                  |
| 10a. USUAL OCCUPATIO done during most of workin MAIL CAR  | g life, even if retired)  | SA                                    |   | MANSE!                    |                                   | D                              | 2. CITIZEN OF WHAT COUNTRY?      |
| GRANNILL  | E AGA   | Zes .                                 | . MOTHER'S MAIDEN   | DUNGAN                    | GRACE A                           |                                | TH                               |
| (Yeq. 20. or unknown) (I(   | R IN U.S. ARMED Vm. sive war or dates V· W· T   |                                       | SOCIAL SECURITY NO.   | From                      | AKERS                             | NAME<br>910>                   | ADDRESS                          |
| 18. CAUSE OF DEATH . Enter only one cause per line for (a), (b), and (c)  | I. DISEASE OR C<br>DIRECTLY LEAD  | ONDITION<br>ING TO DEATH              | <i>f</i> -  | ERTIFICATION              | raylial for                       | him                            | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean<br>the mode of dying, such<br>as heart failure, asthenia,   | ANTECEDENT C  Morbid condition  rise to the above of the underlying car   | s, if any, giving<br>ause (a) stating | , DUE TO (b)  | aturase                   | lenere                            | <u> </u>                       | years                            |
| ic. It means the dis-<br>lass injury, or complica-<br>hog which caused death.   | DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition couring death.  A Link an Internation 3/87 |                                       |   |                           |                                   |                                |                                  |
| 19 THE OF OPERA-  | 19b. MAJOR FIN  |                                       |   |                           | 4                                 | 201                            | 20, AUTOPSY7                     |
| SUICIDE   | (Specify)   |                                       | INJURY (e.g., in or about<br>ory, street, office bldg., etc.) | 21c. (CITY, TOWN, O       | R TOWNSHIP)                       | (COUNTY)                       | (STATE)                          |
| TIME (Month) OF INJURY DLC  | (Day) (Year)  | WHIL                                  | INJURY OCCURRED  EAT NOT WHILE  AT WORK                       | 21f. HOW DID INJUI        | RY OCCUR?                         |                                |                                  |
| 22. Lereby certify that I attended the deceased from 3, 1956, to 1) 10 1, that I last saw the deceased dive on 16. 9 1951, and that death occurred at 1:36 pm., from the causes and on the date stated above. |   |                                       |   |                           |                                   |                                |                                  |
| 23. SIGNATURE   | LH.   | hus                                   | (Degree or title)   | M bus                     | held !                            | Mo                             | 23c. DATE SIGNED                 |
| TON, REMOVAL (Specify)  |   |                                       | C. NAME OF CEMETER  | Y OF CREMATORY            | 24d. LOCATION (City,              | • •                            | y) (State)                       |



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

working under my personal supervision..

Signature of Student Embalmer

Signed RwBorb

Licensed Embalmer No.

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 embalmed by a STUDENT, he also shall sign in his OWN not fit this body is not embalmed, fact should be so stated above.