		THE DIVISION OF HEALTH OF MISSOURI	4005
alth,	. FILED JAN 28 1957	STANDARD CERTIFICATE OF DEATH	STATE FILE NUMBER
Velfare /blic ervice	Registration Di	strict No. 137 Primary Registration District No.	3023 Registror's No. 369
	1. PLACE OF DEATH		deceased lived. If institution: Residence before
C	· COUNTY Henry	o. STATE Messon	ini b. COUNTY Henry
300 1-56	b. CITY (If outside corporate limits) give OR TOWN	TOWNSHIP only) Inside Limits c. CITY OR OR TOWN CLEVE	Inside Limits
<u>.</u>	c. FULL NAME OF (If NOT in hospital, gi	ve location) Length of stay in 1b d. STREET ADDRESS (/) M	(If outside, give location) Reside on Farm
causes	150000000000000000000000000000000000000	00 9700	Yes No.
	3. HAME OF First DECEASED (Type or print) DEVID (DE	Middle Last TIAMS	4. DATE Month Day Year OF DEATH Jan 25 1957
natural	5. SEX C 6. COLOR OR RACE	MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER I YEAR IF UNDER 2s HRS. last birthday) Months Days Hours Min.
e of	Male white	WIDOWED DIVORCED DILE. 12, 1883	73 0 25
due E	during most of working life, even if retired)	00. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or o	mo. USA
E # 15	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	mo. WSA
e o o	Taylor Trans	missioni	A Lacen
т Б Р	15. WAS DECEASED EVER IN U. S. ARMED FORCES! (Yes, no. or beknown) (If yes, give war or dates of serv	16. SOCIAL SECURITY NO. 17. INFORMANT	. Address
ify TE	mo mo	723-05-0462 Buelsh o Fr	amo Clenton ons.
cert WRI	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:	per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
not /PE	IMMEDIATE CAUSE (a)	applexy	odays
λ Con.	Conditions (Cons		
Coroner or RIBBON	Conditions, if any. bulle to (b) which gave rise to above cause (a), stating the under-		
<u>ه</u> ي	lying cause last. DUE TO (c)	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART I(a) 19. WAS AUTOPSY
lated. INK OF	L	MINISTERS TO DEATH BUT NOT RECEIVED TO THE TERMINAL DISEASE CONDITION O	3 34 X PERFORMED?
ually rate BLACK II	20a. ACCIDENT SUICIDE HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Par	t I or Part II of item 18.)
sesual Y BL/	20c. TIME OF Hour Month, Day, Year INJURY a. m.		
be c	₩ 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (e. g., in or about home, 20). CITY, TOWN, OR LOCATION	COUNTY STATE
must USE (. WHILE AT NOT WHILE Sarm, WORK	factory, street, office bldg., etc.)	
-	21. I attended the deceased from		nt saw her alive on 25 year 1957
Port		m on the date stand above; and to the best	of my knowledge, from the causes stated. 22c. DATE SIGNED
a in	Hugh B. J	valler, MD Clinton	, Mo 36 Jan 1957
01001	23a. Burial, Cremation. (23b. Date Premoval (Specify)	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATE	ON (City, town. or county) (State)
=	1	RESS CHINTON 25. DATE RECD. BY LOCAL REG. 25. RE	GISTRAR'S SIGNATURE
7.5	JULABERY FUNERAL	tome mo, 1-20-3/	meania sigum
	<u>-</u>	(Licensed Embalmer's Statement on Reverse Side)	· · · · · · · · · · · · · · · · · · ·

STATEMENT BY LICENSED EMBALMER

I hereby cer	rtify that the body whose name is	recorded on the revers	e side of this co	ertificate was en
by me, or by			, Študent Eml	palmer No
working under my	personal supervision.	• ,		

working under my personal supervision..

Signed Licensed Embalmer No. 7.5

P. O. Address Clinton

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