THE DIVISION OF HEALTH OF MISSOURI FILED FEB 6 STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER Registration District No. 291 Primary Registration District No. 5991 Registrar's No. lic 🔨 بانون 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY g. STATE COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits OR Yes No D LEWINS TOWN Yesia No D TOWN c. FULL NAME OF (If NOT inhospital, give location) Length of stay in 1b (If outside, give location) HOSPITAL OR d. STREET INSTITUTION **ADDRESS** Yes | No | NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH a death due to natural IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED 🔲 NEVER MARRIED 🛄 last birthday) WIDOWED DIVORCED _ 10a. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) POSSIBLE Mome 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If were give war or dates of service) TYPEWRIT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b], and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gare rise to above cause (a). stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING WAY AUTOPSY PERFORMED? TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN YES 🗍 20a. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part 11 of item 18.) \Box 20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (e. g., in or about home, 20/. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.) NOT WHILE WORK AT WORK Death occurred at m on the date/stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 226. ADDRESS 22c. DATE SIGNED 23a. BURIAL, CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) m D 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26, REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I nereby certify that the body whose name	is recorded on the	reverse	side of th	is certifica	te was e
by me, or by			., Student	Embalmer	No
working under my personal supervision.					

Signed Durght Schoene

Licensed Embalmer No...24 P. O. Address Mulan-

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