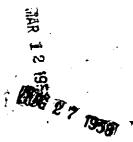
	THE DIVISION OF HEALTH OF MISSOURI	
ith, olfare	FILED MAR 11 1957 STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER.	
die vica	Registration District No. 168 Primary Registration District No. 56/6 Registrar's No. 3	
	1. PLACE OF DEATH G. COUNTY Johnson 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE MO. b. COUNTY Johnson	re in)
00 56	b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY OR TOWN OR T	
<u>i</u>	c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR, INSTITUTION I M. N. W. Of Windsor // Months ADDRESS I Mi. North West of Windsor Yes N.	Farm o D
al cous	3. NAME OF PIECE SED (Type or print) Ferdinand C. O) in ghouse Control of Death Feb. 19, 195	7
to natu	WIDOWED 1 DIVORCED C. 24, 1884 12	fin.
h due BLE	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Miles. Iowa 12. CITIZEN OF WHAT COUNTRY Miles. Iowa U.S. A.	
a death d	John Olinghouse ANNa Meinke	
ify to TE IF	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknown) (If yes, give war or dates of service) NONE 16. SOCIAL SECURITY NO. 17. INFORMANT NONE Dale Olinghouse Windsor M	1 <i>0</i> .
ot certify PEWRITE	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	EN EN
BBON TY	Conditions, if any. Due to (b) Chronic Debility 241	<u>a</u>
یق ق	which gare rise to above cause (a), stating the under- lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS (DTOPS)	2+
iated.	3 /63k PERFORMED! YES NO.	
ly re	20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
casual LY BL,	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, 20f, CITY, TOWN, OR LOCATION COUNTY ST.	
nust be cost of the cost of th	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e. g., in or about home, while AT NOT WHILE IN STATE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STATE STATE WORK 20f. CITY, TOWN, OR LOCATION COUNTY STATE STATE AT WORK	ATE
; E ⊃	21. I attended the deceased from	
Port	Death occupred at 1740 A. months date stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge, from the causes stated above; and the causes stated above;	
. in	William Smith m. Windson, mo. 21 Feb.	957
lisease	23a. BURIAL CREMATION. REMOVAL (Specify) Feb. 1957 Laure) Oak Cemetery Windsor Mo	
516	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL/REG. 26. AGGISTRAR'S SIGNATURE E) 15 Huston Windsor March 2, 1457 Licon	
0,	(Licensed Embalmer's Statement on Reverse Side)	



Signature of Student Embalmer

Student ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was
by me, or by	, Student Embalmer No
working under my personal supervision	Clas 19
	1 1/ 10 1 4/

P. O. Address Windson,

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.