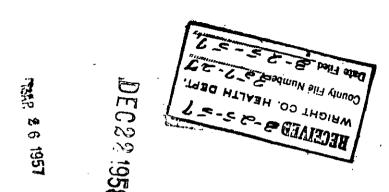
, * * es		of HEALTH OF MISSOU		11919
FILED MAR 264	357 STANDARD CE	RTIFICATE OF DEA	TH State File N	
BIRTH NO.	REG. DIST. NO. 27	PRIMARY REG. DIST.	NO.45-5-3 Registrar's	No. 700
1. PLACE OF DEATH - a. COUNTY / MANA	4	a. STATMOS	ENCE (Where deceased lived. If	institution: residence be
b. CITY (If outside corporate lim OR TOWN Manual	township) C. LENGT STAY (in the	H OF c. CITY OR TOWN	speed !	Residence within limits of city or incorporated towns
d. FULL NAME OF (IL noving he HOSPITAL OR INSTITUTION	constal or institution, give strept address or in	eation) STREET ADDRESS	(If rural, give location)	Mal 1400
3. NAME OF a. (First) DECEASED /	- //	c. (Last)	4. DATE (Mont	
5. SEX 6. COLOR C	✓ WIDOWED DIVORCED (8)	HED 8. DATE OF BIRTH	DEATH 9. AGE (In years) If U last birthday) Mon	INDER I YEAR IF UNDER 14 I
10a. USUAL OCCUPATION (Give ki	ad of work 10b. KIND OF BUSINESS C	OR IN- 11. BIRTHPLACE TO:	ty and State or Foreign Country)	12. CITIZEN OF WI
done during most of working life, even	Zurter	Tusco	nsin	COUNTRY
13a. FATHER'S NAME	13by MOTHER'S M	MAIDEN NAME	14. NAME OF HUSBAND OR	FE
15. WAS DECEASED EVER IN U.S. (Yes., po o unknown) (If yes., give	ARMED FORCES? 16. SOCIAL SEC ar or dates of service)	URITY 17. INFORMANT	S SIGNATURE OR NAME	ADDRES
18. CAUSE OF DEATH	MEDI ASE OR CONDITION	CAL CERTIFICATION	a last	INTERVAL BETWE ONSET AND DEAT
Enter only one cause per line for (a), (b), and (c)	TLY LEADING TO DEATH*(a)	Carrie 12	emprings	- 1 1 · ·
T (DIR COPY TOT MECH	EDENT CAUSES	Hyperleur		1 day
as heart failure, asthenia, the und	conditions, if any, giving DUE TO (b) _ he above cause (a) stating erlying cause last. DUE TO (c)	Treroscler	psix	
Conditi	ER SIGNIFICANT CONDITIONS ons contributing to the death but not to the disease or condition causing death.	,		
19a. DATE OF OPERA- 19b. MA	JOR FINDINGS OF OPERATION		331	ZO. AUTOPSY?
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in home, farm, factory, street, office blo		TOWNSHIP) (COUNTY	(STATE)
21d. TIME (Month) (Day) OF INJURY	(Year) (Hour) 21e. INJURY OCCU WHILE AT NOT WHORK AT WO	IILE []	OCCUR?	
22. I hereby certify that I at alive on	tended the deceased from 24.	red at	10, 15, that I he causes and on the date s	last saw the decea
23a. SONATIONE	·	(1)(e) 23b. ADDRESS	felch ma	23c. DATESIGN
24a. BURIAL, CREMA-124b. E	DATE 240. NAME OF CI	eld Canitin	2/d. LOCATION (City, town, or	county) (Safet
DATE REC'D BY LOCAL REGIS	MAR'S SIGNATURE	25. FUNERAD DEREC	TOR'S SISMATURE	ADDRESS
	(Licensed Embe	Kner's Statement on Reverse Sid	and the same	



STATEMENT BY LICENSED EMBALMER

	I hereby c	ertify that th	hé body	whose	name	is record	ed on	the	reverse	side	of thi	s cer	tificate	was	emba
•															•
by m	e. or bv			<i></i> .				<i>.</i>		Stu	ident :	Emba	lmer N	o,	•

working under my personal supervision.

Student Signature of Student Embalmer Signed Signed Signature

P. O. Addres Musfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failuto 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.