Public Service PLED JUN 3 1957 Registration District No. //6 Primary	. Health,	THE DIVISION OF HEALTH OF MISSOURI 57 0					
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S. COLTY (Il outside copported limits, give TOWNSHIP only) maide Limits OR The population Town		I. FLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before			
INSTITUTION 1519 Appleton 86yrs ADDRESS 1519 Appleton St. Vest No. D Appleton St. Appleton	1-56	OR The second se		c. CITY Inside Limits			
S. SARRY OF PRIATE AND THE PROPERTY OF THE PRO	- [,]	I HUSPITAL OR		d. STREET ADDRESS 1519	(If outside, give location Appleton St.	`I X	
See See 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		DECEASED			OF		
The state of the s	. J	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER lest birthday) Months	YEAR IF UNDER 24 HRS.	
15. WAS DECEASED EVER IN U.S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT Address None Miss May Basham Indep, Mo. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any. IMMEDIATE CAU	toms w	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	,		<i>,</i> 1		
15. WAS DECEASED EVER IN U. S. ARMED FORCES) 16. SOCIAL SECURITY NO. 17. INFORMANT 17.		William Moberly		Sarah France	s Unknown		
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20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK Destroy, street, office bidg., etc.) 21. I attended the deceased from Destroy, street, office bidg., etc.) 22d. Address 22d. Burial, Cremation, 23b. Date Destroy of Cremetery Or Crematory (23d. Location (City, town, or county) (State) 23a. Burial, Cremation, 12b. Date Destroy of Cremetery Or Crematory (23d. Location (City, town, or county) (State) 24. Funeral Director Address 25. Date Recd. By Local Reg. 26. Registran's Signature OTT & MITCHELL Indep Mo STATE 20d. INJURY OCCURRED (A. m.		stating the under- lying cause last. DUE TO (c)			CONTROL IN PART (Ca)	10 WAS AUTORS	
20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK Jarm, factory, street, office bidg., etc.) 21. I attended the deceased from Action green grey 23 957 to hear 9 957 and last saw her alive on hear whim alive on the causes stated. 21. I attended the deceased from Action green grey 23 957 to hear 9 957 and last saw her alive on hear whim alive on the causes stated. 22a. SIGNATURE (Degree or title) 9 22b. ADDRESS 22c. DATE SIGNED 23a. BURIAL, CREMATION, BEMOVAL (Specify) Hay 21, 1957 WOOdlawn Indep No. 23d. LOCATION (City, tourn, or county) (State) 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE OTT & MITCHELL Indep No.	ndard r lated. INK OF	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO			4200	PERFORMED!	
20d. INJURY OCCURRED WHILE AT NOT WHILE Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 21. I attended the deceased from force received 23 957 to the stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 22b. Address Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 22c. Date signature Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 22c. Date signature Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 22d. Location (City, tourn, or county) Osfate) Desth occurred at months date stated above; and to the best of my knowledge, from the causes stated. 22d. Supplied to the deceased from force between the county in the causes stated. 22d. Supplied to the best of my knowledge, from the causes stated. 22d. Supplied to the best of my knowledge, from the causes stated. 22d. Supplied to the best of my knowledge, from the causes stated. 22d. Supplied to the best of my knowledge, from the causes stated. 22d. Location (City, tourn, or county) Osfate Desth occurred to the	aliy sta aliy re LACK						
WHILE AT WORK NOT WHILE Sarm, factory, street, office bidg., etc.) 21. I attended the deceased from accessed 23/957 to the stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Degree or title) O 22b. ADDRESS 22c. DATE SIGNED 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tourn, or county) (Solite) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tourn, or county) 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELI, Indep Mo S-21-57 ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELI, Indep Mo S-21-57 ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELI, Indep Mo S-21-57 ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELI, Indep Mo S-21-57 ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELI, Indep Mo S-21-57 ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELI, Indep Mo S-21-57 ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELI, Indep Mo S-21-57 ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELIA DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELIA DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELIA DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELIA DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELIA DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 (REGISTRAR'S SIGNATURE) OTT & MITCHELIA DIRECTOR ADDRESS A	use of c cssu NLY B	NJURY a. m. p. m.		TWO COTY TOWN ON LOCATION	·	CTATE	
Death occurred at	c. must must b USE O	WHILE AT NOT WHILE farm, factory, street, office bldg., etc.)					
23d. Burial, Cremation, 23d. Date 23c. Name of cemetery or crematory 23d. Location (City, touch, or county) (Schie) Burial May 21,1957 Woodlawn Indep No. 24. Funeral director address 25. Date recd. by Local reg. 26 (registrar's signature) OTT & MITCHELL Indep No.	Part I.	Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.					
Burial May 21,1957 Woodlawn 24. FUNERAL DIRECTOR ADDRESS OTT & MITCHELL Indep Mo S-21-57 OTT & MITCHELL Indep Mo	r, coror	W. H. Heidenson	MyD.	6 of w. we	Laure Mo	5/20/57	
OTT & MITCHELL Indep Mo 25. Date RECD. By LOCAL REG. 26. REGISTRAR'S SIGNATURE 27. Date RECD. By LOCAL REG. 28. PUNERAL DIRECTOR ADDRESS 25. Date RECD. By LOCAL REG. 26. REGISTRAR'S SIGNATURE 27. Date RECD. By LOCAL REG. 28. Date RecD. B	Sector liseou	Burial May 21,1957 Woodlawn Indep No.					
	0, 34	AMM 1 317marms	ے	TE RECD. BY LOCAL REG. 26	REGISTRAR'S SIGNATURE	sal e	
	- 77	THE COALS		ent on Reverse Side)			

Long abite Catalogie C. J. 1966 (1. 3). STATEMENT BY LICENSED EMBALMER I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb by me, or by Student Embalmer No... working under my personal supervision.

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).

Licensed Embalmer No

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

Signature of Student Embalmer

Student

If this body is not embalmed, fact should be so stated above the Little of the fact of the state of the state