, FHED	<i>sters</i> JUL 1	L'Ó V957	21.7	ARD CERTIF	ICATE OF DEAT	in	J/ ST/ATE	S FILE OF	68	
]		Registration	District No.	odle Pri	mary Registration D	istrict No	401	Regis	tror's No.,	//
1. PLAC	CE OF DEAT	ГН			2. USUAL RESID	ENCE (Where	deceased lived.	If instituti	ion: Reside	nce/b
a. CC	אל אינוער	miscot			o. STATE	ndiana	ե. coy	NIY lami		gemi s
b. CI	TY (If outsid	de corporate limits, giv	e TOWNSHIP only)	Inside Limits	e. CITY					ide L
TO	WN Pas	cola		Y•X⊓ N∘□	813 O OR P	eru			Ye	sX
c. FL	JLL NAME C	OF (If NOT in hospital,	give location) Leng	jth of stay in 1b	d. STREET		(If outside, gi	ve locatio	n) Re	side (
IN:	STITUTION	Pascola		1 Month	ADDRESS	425 W.	7th. S	<u>št. </u>	Ye	s D
3. NAME DECEAS	OF SED	First	A	liddle	- Last	11	L DATE	Month	Day	Ye
(Type o		Mary	Lett		····Hill	1.1	DEATH Jun			95
5. SEX	1	6. COLOR OR RACE	7 MARRIED 1 NE	VER MARRIED 🗌	B. DATE OF BIRTH		9. AGE (In years last birthday)	M onthu	I YEAR IF L	JNDER
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durin	g most of wor	(Give kind of work done rking life, even if retired)	l		1		. 0		EN OF WHAT	ואטעט
HOUS 13. FATHER	<u>sewife</u>	<u> </u>	<u> Homemak</u>	er	Pascola.	<u>Misso</u>	<u>uri</u>	l US	SA	
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		<u>man Marsha</u> R IN U. S. ARMED FORCE		L SECURITY NO.	Fannie M	argare	L Back Add		marr	
(Yes. no. or		If wee, give war or dates of a	service)			11 1 1	Tu	ndiar		
No.				<u>30 2123</u>	l Basil Hi	11 7	eru. II	iu rai	ia .	
	PART I. DEAT	ATM [Enter only one ca IH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Z1), and (c).] - F	luie Vi	cuasi	and	<u>-</u>	INTERVAL ONSET	ND D
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FICATION	Conditions, is which gape is dobee cause stating the siping cause PART II. OTHE	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) (if any,) (i	Cancer Lungs CONTRIBUTING TO DEAT	H BUT NOT RELATED	· · · · · · · · · · · · · · · · · · ·	SE CONDITION G	199. VEN IN PART I(a)	8	INTERVAL ONSET A LUMAN	AUTOI ORMEI
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7-185-57

Student.....

JUL 9 1957

PEMISCOT COUNTY HEALTH DEPARTMENT COURTHOUSE PHONE 79 CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er Student Embalmer No...

working under my personal supervision...

Signature of Student Embalmer Licensed Embalmer No. 44 P. O. Address arut

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.