### Primary Registration District No. ### Primary Registration District No. ###################################				THE DIVISION OF HEALTH OF MISSOURI			27316				
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ίŸ	es, no. or unknown) (If yes, give war or dates of ser	rsics) .	k		ccouri			
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25. DATE RECO. BY STATE REG. 1 STREET RES SENTER DAWSON	ctor,	23a	BENOVAL (Specify)	Z30 DATE	23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCA	TION (City, town, or county)	* ' <u>'</u>			
John Andrews Grant City Mo 7-11-1987. Keta te. Hawson	og :	24.	FUNERAL DIRECTOR	July 1-175	DRESS 25 0	ATE RECO. BY HOTAL REG.	READAN R'S SIGNATURE	- 11/0			
(Licensed Embalmer's Statement on Reverse Side).	45		ohn an	dreus &	bant City mo 7	-11-1987.	leta E.	Dawson			
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STATEMENT BY LICENSED EMBALMER

I hereby certify	that the body	whose n	iame is	recorded	on the	revei	rse s	ide of th	us ce	rtilicat	e was	em
by me, or by	John	Um	dre	Wa		••••••	,	Student	Emb	almer :	No	
working under my per	, sonal supervi	sion			•		٠	•	••			
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.

Student