FILED AUG 191957 Registration District No. 46 Primary Registration District No. 9063 Registrat's No. 43 1. PLACE OF DEATH a. COUNTY Caldwell 2. USUAL RESIDENCE (Where decased lived. If institution: Residence before a state M, 55 au 7, b. COUNTY Caldwell) b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits 1. PLACE OF DEATH a. COUNTY Caldwell 1. PLACE OF DEATH b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits 2. USUAL RESIDENCE (Where decased lived. If institution: Residence before a state of the country Caldwell) 3. COUNTY Caldwell 4. COUNTY Caldwell 4. COUNTY Caldwell 5. CITY CITY Country Caldwell 6. CITY Country C			HEALTH OF MISSOURI	
PLACE OF DEATH Primary Registration District No. D. Registration Regist	elth,	THEN ALIC 10 40E7 STANDARD CERT	IFICATE OF DEATH	LEQUIDE B
1. PLACE OF DEATH C. COUNTY C. AID WE !! 2. USUAL RESIDENCE (Where deceased lived. It flashington Resident before a STATE M., 55 GW 7th. COUNTY Caldway! C. CITY (If coviride corporate limits, give TOWNSHIP only) inside Limits M. 55 GW 7th. COUNTY Caldway! TOWN Ham I to n TOWN Ham I to n C. CITY Man Ham I to n C. CITY Ham Man I to n C. CITY Ham Man I to n TOWN Ham I to n Inside Limits TOWN Ham I to n TOWN Ham I to n Inside Limits Town Ham I town H	felfare blic	FILED AUG 19 1931 Registration District No. 46	Primary Registration District No. 4.063	43
a. COUNTY Cald well b. CITY (If ourside corporate limits, give TOWNSHIP only) Inside Lights TOWN Ham I to n CITY (If ourside corporate limits, give TOWNSHIP only) Inside Lights TOWN Ham I to n CITY (If ourside corporate limits, give TOWNSHIP only) Inside Lights TOWN Ham I to n CITY (If ourside, give location) C. FULL MANE OF (If NOT in hospital, give location) Reside on Form Reside on	rvice			
TOWN Hamilton West No. 1 Consider some control to the control to t	1	. COUNTY Caldwell		
THE TOTAL STREET TOTAL STREET	.56	1 OR // > 1 + > > 1 V 1 V V	ol OR Hamiltoni	. (1)
DECEASED OF THAT OF THAT OF THE COLOR OR RACE FOR 3 C C C C The USUAL OCCUPATION (Glue that of yeart done) The USUAL OCCUPATION (Glue that of y	ri S		a. SIREE!	1
5. SEX	ם כמחצי	DECEMENT OF THE PROPERTY OF TH		y
TO SUBJECT OF HOUR TON (Clier in of work dame of work dame of working life, eet it yestered) 100. USUAL OCCUPATION (Clier in of of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of year it yestered) 100. USUAL OCCUPATION (Clier in of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of work dame of year it yestered) 100. USUAL OCCUPATION (Clier in of year it yestered) 101. AND IT IN OTHER SIGNIFICANT CONDITIONS CONTINUITY (c. g., in or about home, work and year it yestered) 101. AND IT IN OTHER SIGNIFICANT CONDITIONS CONTINUITY (c. g., in or about home, work and year it yestered) 101. AND IT IN OTHER SIGNIFICANT (CONDITIONS CONTINUITY (c. g., in or about home, work and year year in year of year it yestered) 101. AND IT IN OTHER SIGNIFICANT (CONDITIONS CONTINUITY (c. g., in or about home, work and year year in year of year it year and year it year home, which are alive of injury in Part I or Part II of Item 18.) 101. AND IT IN OTHER DEPART (CONDITIONS CONTINUITY (c. g., in or about home, while year year in year year year year year year year year	ž	5. SEX / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF I	
100 USUAL OCCUPATION (Olic kind of reak done) 100 KIND OF BUSINESS OR INDUSTRY 11. BRATHPLACE (City and netwo or country) 12. CITICH OF WHAT COUNTRY 13. BRATHPLACE (City and netwo or country) 12. CITICH OF WHAT COUNTRY 13. BRATHPLACE (City and netwo or country) 14. MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME 15. WAS DECERSED UP 14. W. S. PRECESSED WER IN U. S. ARKED FORCESSED 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECERSED WER IN U. S. ARKED FORCESSED 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECERSED WER IN U. S. ARKED FORCESSED 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DECERSED BY: 18. CAUSE OF DECENSED BY: 18. CAUSE OF DECERSED BY: 18. CAUSE OF DECERSED BY: 18. CAUSE OF DECENSED		Temale White WIDDWED X DIVORCED		ntha Days Hours Min.
THOUSE LEAD THE STAND BY THE ST		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST)		CITIZEN OF WHAT COUNTRY?
TI MOTH BULLY NOT THE SAME TO SOOT THE SAME THE SAME TO SOOT THE SAME TO SOOT THE SAME THE SAME THE SAME TO SOOT THE SAME THE SAME THE SAME THE SAME TO SOOT THE SAME TH	ַ ר	Housewife	1 1 1	4.5, 1
1 1 1 1 1 1 1 1 1 1	SSIE		14. MOTHER'S MAIDEN NAME	
Conditions, if any Due to (b) Due to (c) Due to (c) State Due to (c)	PÖ	7. (1. 0 0)) 4		
18. CAUSE OF DEATH [Enter only one cause per line for (g); (b), and (c)] PART I. OLATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, but to (b) Which gaze rise to addition the sunder-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TERNINAL DISEASE CONDITION GIVEN IN PART II. OTHER TITLE OF THE TITL				11. t m
IMMEDIATE CAUSE (a) MACDIATE CAUSE (a) MACDIATE CAUSE (a) MACDIATE CAUSE (a) MACDIATE CAUSE (a) MACDIATE CAUSE (b) Which gaze rise to above cause (b) attaing the under- If ying cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITION (CITY, TOTAL DISEASE CONDITION (CITY, TOTAL DISEASE CONDITION GIVEN IN PART II. OTHER TOTAL DIS AND THE TOTAL DISEASE CONDITION GIVEN IN PART II. OTHER TOTAL D	ţţ. E	Na Na	VICTOR USBOTA	
DUE TO (6) Which gaze risk to w		PART I, DEATH WAS CAUSED BY:	eause	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 3. WAS AUTOPSY PERFORMED 7 9 4 × 7 9 5 × 7 9 5		which gave rise to		
20. TIME OF HOUR MONTH. Day, Year INJURY OCCURRED 20. TIME OF HOUR MONTH. Day, Year INJURY OCCURRED 20. TIME OF HOUR MONTH. Day, Year INJURY OCCURRED 20. TIME OF HOUR MONTH. Day, Year INJURY OCCURRED 20. TIME OF HOUR MONTH. Day, Year INJURY OCCURRED 20. TIME OF HOUR MONTH. Day, Year INJURY OCCURRED 20. TIME OF HOUR MONTH. Day, Year INJURY (c. g., in or about home. 201. CITY. TOWN. OR LOCATION 20. LI attended the deceased from 1945, to 1950 According to the best of my knowledge, from the causes stated. 21. Lattended the deceased from 1945, to 1950 According to the best of my knowledge, from the causes stated. 22a. SIGNATURE 23a. BURIAL. CREMATION. 23b. DATE 23c. NAME OF CEMETERY OF THE OCCURRED HOLD ACCORDING (City, town, or county) (State) 23a. BURIAL. CREMATION. 23b. DATE 23c. NAME OF CEMETERY OF THE OCCURRED HOLD ACCORDING (City, town, or county) (State) 23a. BURIAL. CREMATION. 23b. DATE 23c. NAME OF CEMETERY OF THE OCCURRED HOLD ACCORDING (City, town, or county) (State) 23a. BURIAL. CREMATION. 23b. DATE 23c. NAME OF CEMETERY OF THE OCCURRED HOLD ACCORDING (City, town, or county) (State) 23a. BURIAL. CREMATION. 23b. DATE 23c. NAME OF CEMETERY OF THE OCCURRED HOLD ACCORDING (City, town, or county) (State) 23c. DATE SIGNATURE 23c. FUNERAL DIRECTOR ADDRESS 25c. DATE RECD. BY LOCAL REG. 25c. REGISTRAY SIGNATURE 24c. DATE SIGNATURE 25c. DATE SIGNATURE 25c. DATE RECD. BY LOCAL REG. 25c. REGISTRAY SIGNATURE 25c. DATE RECD. BY LOCAL REG. 25c. REGISTRAY SIGNATURE	Coror RIBE	stating the under- lying cause last. Due TO (c)		
20d. INJURY OCCURRED WHILE AT NOT WHILE Parm, factory, street, office bldg., etc.) WHILE AT NOT WHILE AT WORK Place of injury (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from 1945 to to farm alive on sing. 10, 1957 Death occurred at 9'00 At. mon the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Complete or title) 22b. ADDRESS 22c. DATE SIGNED Complete or county Complete or cou	ored.	ומו	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART $I(a)$ 7 9 4 γ	PERFORMED! D
20d. INJURY OCCURRED WHILE AT NOT WHILE Place of INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) WHILE AT NOT WHILE AT WORK Place of INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from 1945 to to to to to to to t	Ily rel	161	RRED. (Enter nature of injury in Part I or Part 11 of item.	18.)
21. I attended the deceased from 1945, to world death and last saw her alive on cing. 10, 1957 Death occurred at 900 A. // mon the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or little) 22b. ADDRESS 23a. BURIAL, CREMATION, REMOVAL (Specify) 8-12-1957 Highland Highland Highland Highland Highland (City, four n. or county) (State) 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26., REGISTRAR'S SIGNATURE M. A. Brewn Hammelton (Degree or little) 25. DATE RECD. BY LOCAL REG. 26., REGISTRAR'S SIGNATURE		S INJURY a, m,	-4	
Death occurred at 9:00 A:// mon the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Close or title 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 8-12-1957 HIGHOR DATE 25. DATE RECO. BY LOCAL REG. 25. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 27. DATE SIGNED 28. NAME OF CEMETERY OCCURRENCE 29. DATE RECO. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 20. REGISTRAR'S SIGNATURE 20. REGISTRAR'S SIGNATURE 21. DATE RECO. BY LOCAL REG. 22. REGISTRAR'S SIGNATURE 23. DATE RECO. BY LOCAL REG. 24. FUNERAL DIRECTOR 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 27. DATE RECO. BY LOCAL REG. 28. REGISTRAR'S SIGNATURE 29. DATE RECO. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 21. DATE RECO. BY LOCAL REG. 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	3 8 2 8		TE. 201. CITY, TOWN, OR LOCATION COUN	TY STATE
Death occurred at 9:00 A:// mon the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Close or title 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 8-12-1957 HIGHOR DATE 25. DATE RECO. BY LOCAL REG. 25. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 27. DATE SIGNED 28. NAME OF CEMETERY OCCURRENCE 29. DATE RECO. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 20. REGISTRAR'S SIGNATURE 20. REGISTRAR'S SIGNATURE 21. DATE RECO. BY LOCAL REG. 22. REGISTRAR'S SIGNATURE 23. DATE RECO. BY LOCAL REG. 24. FUNERAL DIRECTOR 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 27. DATE RECO. BY LOCAL REG. 28. REGISTRAR'S SIGNATURE 29. DATE RECO. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE 21. DATE RECO. BY LOCAL REG. 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	JSE JSE		\ \	1 1000
22a. SIGNATURE SIGNATURE (Degree or title) 22b. ADDRESS FAMILLOR. 23c. DATE SIGNED FAMILLOR. 23d. LOCATION (City, town, or county) 8-12-19-57 HIGHORAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE M. A. Brum Hamilton M. A. Brum Hamilton 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE M. A. Brum Hamilton	- ,		and last saw him alive o	A ' '
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CHANDERY 23d. LOCATION (City, town, or county) of (State) REMOVAL (Specify) 8-12-1957 Highland Hamilton Mo. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE M. A. Brum Hamilton Queg 14-57 Hadys ones	F			
Bremoval (Specify) 8-12-1957 Highland Hamilton Mo. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26, REGISTRAR'S SIGNATURE 7. M. A. Brum Hamilton Aug 14-57 Hadyo ones	. <u>.</u>	J. L'Elster NO.	Jamellon, Mo	- Cheg 12,1957
7. M.a. Brum Hamilton aug 14-57 Gladys Jones	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R REMOVAL (Specify)	d. Hamilton	, Mo.
(Licensed Embalmer's Statement on Reverse Side)	37	24. FUNERAL DIRECTOR ADDRESS 25.	DATE RECD. BY LOCAL REG. 26, REGISTRAR'S SIGNATURE	ones
		(Licensed Embalmer's Stat	emention Reverse Side)	7

STATEMENT BY LICENSED EMBALMER

working under my personal supervision..

Signature of Student Embalmer

Student

.

Licensed Embalmer No

P. O. Address

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.