Female White Whi	2	2500		•		ALTH OF MISSO				4057	717 6	IED NIC	EI
1. PLACE OF DEATH a. COUNTY Dekalb b. CITY (II outlide corporate limits, write RURAL and after township) Decared to the state of th	10) <u>)</u>	te Filc No	State	:ATH	ICATE OF DE	CERTIF	ANDARD	ST	1957	JV 3	דבח ואל	FI
a. COUNTY Bokalb CITY (If could be corporate limits, write RURAL and give township) C. LENGTH OF ORN CITY (If could be corporate limits, write RURAL and give township) C. LENGTH OF ORN CITY (If could be completed or township) C. CITY OWN Stewartsville D. D. COUNTY Dekalb D. CITY OWN Stewartsville D. D. COUNTY Dekalb D. D. COUNTY Dekalb D. D. COUNTY Dekalb D. D. COUNTY OWN Stewartsville D. D. C. (Last) D. D. C. (Last) D. D. C. (Last) D. D. C. (Last) D. D. D. D. D. C. (Last) D. D. D. D. D. D. D. C. (Last) D.	<i></i>	6/	istrar's No	ZZ Reoi	. NO4/	PRIMARY REG. DIST	<u> </u>	DIST. NO. 4	REG.	<u>.</u>		NO	BIRTH
OR TOWN Stewartsville, Rural Life Town Stewartsville Town Hospital or inactivation, give street address or location) J. S. FRET ADDRESS (If rund, give location) J. J. D. MARIELD NEVER MARRIED, Lab bridge location and give locatin	ence before astinication).	4	DUNTY				~				DEA		
d. FULL NAME OF (If so in bospital or lastitution, give street address or location) NOSPITAL OR NOSPITAL OR	nits of town?	dence within limi	d, In Resi a city Yes	ille	vartsv:	OR	(in this place)	township) STAY	_			OR	•
DECEASED VIOIA EDITH HAMAN DEATH 10/26/57 S. SEX S. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify) Married S. DATE OF BIRTH 2/17/1881 76 Months) Days Brown Married Married S. DATE OF BIRTH 2/17/1881 76 Months Days Brown Married S. DATE OF BIRTH 2/17/1881 76 Months Days Brown Married Married Married Married Months Days Brown Married	70	ο3·				. STREET	or location)	give street address	r institution,	not in hospital or	OR	HOSPITAL]
(COUNTY) (Type or Print) (Type or Hart Place (Type or Brown) (Type or Hart Place	(Year)	(Day) ('	(Month)		T	c. (Last)	le)	b. (Midd		(First)		ME OF	3. NA
103. USUAL OCCUPATION (Give hind of work doad dring most of working the very livelined) A Thomas At Home 135. KIND OF BUSINESS OR INDUSTRY A mity. Dekalb Co. Mo. 1158 33. FATHER'S MABE 136. MOTHER'S MAIDEN NAME 137. MOTHER'S MAIDEN NAME 138. MAT DECEASED EVER IN U. S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME. 141. NAME OF HUSBAND'OR FIFE 152. WAS DECEASED EVER IN U. S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME. 153. MAT DECEASED EVER IN U. S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME. 154. DOAD 155. MAT DECEASED EVER IN U. S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME. 155. WAS DECEASED EVER IN U. S. ARMED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME. 165. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME. 176. MEDICAL CERTIFICATION 177. INFORMANT'S SIGNATURE OR NAME. 177. INFORMANT'S SIGNATURE OR NAME. 178. Hampy T. Hampy N. Stewarts Ville, 18. MEDICAL CERTIFICATION 179. DISEASE OR CONDITION 170. DISEASE OR CONDITION 170. DISEASE OR CONDITION 171. OTHER SIGNIFICANT CONDITIONS 172. OTHER SIGNIFICANT CONDITIONS 173. DUE TO (b) 174. ACCIDENT NO. 17. INFORMANT'S SIGNATURE OR NAME. 175. Hampy N. Stewart'S SIGNATURE OR NAME. 176. Hampy T. Hampy N. Stewart'S VILLE, 18. MORE NO. 17. INFORMANT'S SIGNATURE OR NAME. 177. INFORMANT'S SIGNATURE OR NAME. 178. ACCIDENT NO.	<u> </u>	/57	10/26	DEATH '	1	HAMANN				IOLA	, ,	-	
AT HOME 3a. FATHER'S NAME James S. McCartney Mary C. Brown S. WAS DECEASED EVER IN U.S. ARMED FORCES? 1b. SOCIAL SECURITY 1c. Out outshoons) MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH the mode of dying, such	DER 14 HRS. 19 Min.	Days Hours	ears F UNDER. Months	last birthday)	- 1	l ' '	IARRIED, D (Specify)	RIED, NEVER NOWED DIVORCE Tried	E 7. MAI WID MB		1		13
13b. MOTHER'S MANE 13b. MOTHER'S MAIDEN NAME 14: NAME OF HUSBAND'OR WIFE	OF WHAT	12. CITIZENC COUNTRY? USA					SS OR IN- DUSTRY	ND OF BUSINE	10b. K	(Give kind of world) If a, even if retired If nome	í workin	UAL OCCUI	Oa. US domed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY OF Common Complete of Service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10							'S MAIDEN	136. MOTHER			NAME	ATHER'S P	3a. F
(New, no. or unknown) (II yes, sive war or dates of service) 100-34-6792 Henry E. Homann, Stewartsville, 100-34-6792 Henry E. Homann, Stewartsville, 110 MEDICAL CERTIFICATION MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (n) MEDICAL CERTIFIC		n	Haman			wnaw							
III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *This does not mean the distance of dying, such as heart fallure, athenia, etc. It means the distance, injury, or complication which consed death. *IDEATE OF OPERATION III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *This does not mean the distance of dying, such as heart fallure, athenia, etc. It means the distance injury, or complication which coused death. *IDEATE OF OPERATION IDEATE OF OPERATION INTERVAL OF OPERATION IDEATE OF OP	MO.					I	NO.	1		s, give war or date			(Yes, no,
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the discase, injury, or complication which caused death. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED OF INJURY 21e. INJURY OCCURRED WHILE AT NOTWHILE WORK 21f. How DID INJURY OCCUR? 22l. I hereby certify that I attended the deceased from Order of the death occurred at Order of the death occurred at Order on, from the causes and on the date stated above. 23a. SIGNATUR ANTECEDENT (April 1990, stating DUE TO (b) Trise to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death. 25a. AUTO YES 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WHILE AT NOTWHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? WHILE AT NOTWHILE WORK 22. I hereby certify that I attended the deceased from Order of the death occurred at Order of the death occurred oc	BETWEEN D DEATH	INTERVAL BE		Lion	Inface			MI	CONDITIO	, DISEASE OR DIRECTLY LEA	e per 1	nlyonecaus	18. CAU Enter o
19a. DATE OF OPERATION 21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 19d. Major Findings of Operation 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATISTICAL COUNTY) (STAT					<i>/</i>		(c)	DUE TO	ons, if any, cause (a) cause last.	Morbid condition rise to the above the underlying condensated the condensated	such enia, dis- olica-	e of dying, to failure, asthe means the ury, or comp	the mod as heart, etc. It case, inf
21a. ACCIDENT (Specily) 21b. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg., sie.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STABLE (Mosth) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 10 10 10 10 10 10 10 10 10 10 10 10 10	*SY1 0	20. AUTOPS			F	 	th				ERA-	TE OF OPE	19a. DA
SUICIDE home, fartory, street, office bidgese.) 21d. TIME (Mostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE	NO 🗆	YES 🗌	<u> 201</u>	40		_					TION	Т	
22. I hereby certify that I attended the deceased from 10 2, 1957, to 10 3, that I last saw the alive on 10 3, and that death occurred at 1, 10 p. m., from the causes and on the date stated above. 23a. SIGNATURE 23b. APORESS 1 23c. DATE	TE)	(STAT	COUNTY)	(C	r Township)	21c. (CITY, TOWN, O				pecify)	(CIDENT IICIDE MICIDE	21a. AC SU HC
alive on 10-16 1957, and that death occurred at 12.30 P. m., from the causes and on the date stated above. 23a. SIGNATURE 7 (Degree or title) 7 23b. APORESS 1 23c. DATE					ty occur?	211. HOW DID INJUR	TWHILE	WHILE AT THE NO		(Day) (Year)	Mosth)	ME (M F JRY	21d. TI O INJI
	leceased	t saw the de d above.	, that I las date state	_, 19_ \`` , and on the			gurred at	ised from Za that death oc	the dece Z, and	at I attended			
		23c. DATE S	220	1/E)	ze for	STEOR	0 - "	, Ņ	àin,	7 2		GNATU	23a. SI
24s. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) TION REMOVAL (Bloodly) DUTIAL 10/28/58 Maple Grove Cemetery Dekalb Co. Mo.	(State)		Mo.	b Co.	Deka 1	Cemetery		1		10/28/	Bpecify)	ria I	Bu
DATE REC'D BY LOCAL RESISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALCOTY AND MAN DE MAN		e ho.	alsvill	Stewas	field	Ne Rumme	W	will	SIGNATA	REGISTRAR'S		REC'D BY L	DATE F

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose nam	e is recorded on the reverse	side of this certifica	te was embaln
by me, or by	<i>V</i>	., Student Embalmer	No
working under my nerconal supervision			-

Signature of Student Embalmer

Licensed Embalmer No. 3007

D. Addres Stewardsville

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