I. PLACE OF DEATH a. COUNTY Saline D. CITY (II outside corporate limits, write RURAL and give township) C. CITY (II outside corporate limits, write RURAL and give township) C. CITY (II outside corporate limits, write RURAL and give township) C. CITY (II outside corporate limits, write RURAL and give township) C. CITY (II outside corporate limits, write RURAL and give township) C. CITY (II outside corporate limits, write RURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give township) C. CITY (II outside corporate limits, write BURAL and give limits) C. CITY (II outside corporate limits, write BURAL and give limits) C. CITY (II outside corporate limits, write BURAL and give limits) C. CITY (II outside corporate limits, write BURAL and give sounship) C. CITY (II outside corporate limits, write BURAL and give sounship) C. CITY (II outside corporate limits, write BURAL and give sounship) C. CITY (II outside corporate limits, write BURAL and give sounship) C. CITY (II outside corporate limits, write BURAL and give sounship) C. CITY (II outside corporate limits, write BURAL and give sounship) C. CITY (II out	FILED NOV	1 2 1957		IEALTH OF MISSOURI	State File No	DOTE
1. PLACE OF DEATH 2. COUNTY S. 2. THE COUNTY S. 2. LENGTH OF COUNTY S. 2. COUNTY S. COUNTY S. 2.			2 a .l	_		198
TOWN MATSHALL OF TOWN MATSHAL	I, PLACE OF DEA			a. STATE	b. COUNTY Sali	itution: reside
MOSPITAL OR MOSTING	OR .		L and give c. LENGTH C township) STAY (in this plu 10vrs	en) OR		
3. NAME OF DECEASED DECEASED STAIL 19. C. (Last) DECEASED OF Print) Stail ey DECEASED Negro Male Negro Male Negro Married Negro Negro No. USUAL OCCUPATION (Give kind of very birds) Div. KIND OF BUSINESS OR IN. DUSTRY MISSOURI HOSDIVAL A tendenty tendenty birds of works title. For it review) Div. KIND OF BUSINESS OR IN. DUSTRY HOSDIVAL A tendenty tate of which the review birds of works the strend review) Div. KIND OF BUSINESS OR IN. DUSTRY HOSDIVAL A tendenty tate of the strend of which the review birds of works the strend review) Div. KIND OF BUSINESS OR IN. DUSTRY HOSDIVAL A tendenty tate of the strend of works the strend review birds of works to strend death. On the strend review birds of works the strend review birds of works to strend death. On the strend review birds of works the strend review birds of works to strend death. On the strend review birds of works the strend review birds of works to strend death. On the strend review birds of works to strend review birds of works the strend review birds	HOSPITAL OR		tion, give street address or location	ADDRESS		
1. SEX	DECEASED	a. (First)	b. (Middle)	, , , ,	OF	
Ide. LEVILL OCCUPATION (Checkled early look in the constitution of evolutial favores) (country look of evolutial favores) (country look) (c	5. SEX C 6. (COLOR OR RACE 7.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Speeds	8. DATE OF BIRTH	9. AGE (In years of those last birthday) Months	1 YEAR IF DIG
38. FATHER'S NAME RI CHATG LEW FORCE RI CHATG LEW FORCE RI CHATG LEW FORCE RI CHATG LEW FORCE Annie Alexander Mrs. Josephine Lawfer 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 18. MORTHITICATION 17. INFORMANT'S SIGNATURE OR NAME 18. INFORMANT'S SIGNATURE OR NAME 18. MORTHITICATION 19. AND INFORMANT'S SIGNATURE OR NAME 19. AND INFORMANT'S SIGNATURE OR NAME 10. INFORMANT OR WILLE OR NAME OF CEMETERY OR CREMATORY 19. AND INFORMANT OR WILLE OR NAME OF CEMETERY OR CREMATORY 19. AND INFORMANT OR HUMBLE OR NAME 19. AND INFORMANT OR WILLE OR NAME OF CEMETERY OR CREMATORY 19. AND INFORMATION 19. AND INFORMA	On. USUAL OCCUPATIO	N (Clive kind of work up life, even if retired)	b. KIND OF BUSINESS OR II	11. BIRTHPLACE (City and State	or Foreign Country)	12. CITIZEN COUNTRY
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (15. SOCIAL SECURITY (17. INFORMANT'S SIGNATURE OR NAME (17. (17. INFORMANT'S SIGNATURE (17. INFORMANT'S SIGNATURE OR NAME (17. INFORMANT'S SIGNATURE	3a. FATHER'S NAME		13b. MOTHER'S MAID	EN NAME 14. NAME	OF HUSBAND OR WIFE	Ε.
INTERVAL ONSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such the underlying course fast. DUE TO (b) II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, pising DUE TO (b) subscription onlich caused death. ANTECEDENT CAUSES Morbid conditions, if any, pising DUE TO (b) subscription onlich caused death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21c. Morbid course death. 19b. MAJOR FINDINGS OF OPERATION 21c. Morbid course death. 19b. MAJOR FINDINGS OF OPERATION 21c. Morbid course death. 19b. MAJOR FINDINGS OF OPERATION 21c. Morbid course death. 19b. MAJOR FINDINGS OF OPERATION 21c. Morbid course death. 19c. ACCIDENT SUICIDE 10c. Morbid course death. 10	5. WAS DECEASED EVER	R IN U.S. ARMED FORCE	CES? 16. SOCIAL SECURIT	17. INFORMANT'S SIGNA	TURE OR NAME	ADD
DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS III.	Enter only one cause per ine (or (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT CAUSE Morbid conditions, if e	ITION TO DEATH*(a) S any, giving DUE TO (b) (a) stating	/ V . / /	ion	ONSET AND
21a. ACCIDENT SUICIDE SUICIDE HOMICIDE 21b. PLACE OF INJURY (s.e., in or about 1 cloud) SUICIDE HOMICIDE 21d. TIME (Mossib) (Day) (Year) (Hour) (Day) (Year) (How DID INJURY OCCUR? 21d. TIME (Mossib) (Day) (Year) (Hour) (Hour) (Hour) (How DID INJURY OCCUR? 21d. TIME (Mossib) (Day) (Year) (Hour) (How DID INJURY OCCUR? 21d. How DID INJURY OCCUR? 31d. How DID INJURY OCC	case, injury, or complica-	II. OTHER SIGNIFICA	DUE TO (c) NT CONDITIONS a to the death but not			<u> </u>
SUICIDE HOMICIDE 21d. TIME (Mooth) (Day) (Year) (Elour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from a work of acting at 1,062 m., from the causes and on the date stated above. 23e. SIGNATURE (Degree or title) 22b. ADDRESS 22a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) BUTIAL REGISTRAR SISIGNATURE DATE REC'D BY LOCAL REGISTRAR SISIGNATURE 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21f. HOW DI	19a. DATE OF OPERA-	19b. MAJOR FINDING	S OF OPERATION	4 a 1 b 1	4201	20. AUTOF
INJURY 2. I hereby certify that I attended the deceased from the course of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21a. ACCIDENT -SUICIDE HOMICIDE			et 21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STA
alive on	OF INJURY	04.	WHILE AT WORK AT WORK	100 000	967	
24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) BUILD BUILD BY LOCAL REGISTRAR'S SIGNATURE ADDRESS AD	alive on	hat I attended the d	and that death occurred	it 1:062 m., from the causes		d above.
TION REMOVAL Casedry 11/5/57 Finnis Creek Cemetery S.W. Marshall, Missouri Burial Brucal Registrar Spignature S. VINVERT BRECTOR'S SLEWATURE ADDRESS TO 5.5.5	Lawter		oner Salinole	Marshal	NON (City, town, or cour	11-5
not, 5-57 Cear Theat Slage Theen, Man	Burial	11/5/57	Finnis Cre	ek Cemetery S.W.M	arshall,Mis	souri
	70-5.5-57	Cearl 7.	Keal	Glorge	Leen,	Rail

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	on the reverse side of this certificate was embalmed by me, or by
***************************************	Student Embalmer No
orking under my personal supervision.	
Student	Signed Story of Regard
Student Embalmer	Litensed Embalmer No. #220

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.