B. COUNTY De Kalb b. CITY Goods programs limits, write RURAL and give township in the country of the country o	71160 060		THE DIVISION OF HE			
BIRTH NO. PRIMARY REC. DIST. NO. PRIMARY REC. DIST. NO. Registrar's No.	, THEO DEG A	4 - 1957	STANDARD CERTIF	ICATE OF DEA	NTH Stat	e File No 39221
PLACE OF DEATH De Kalb De County De Coun	BIRTY NO	•	REG. DIST. NO. 24	PRIMARY REG. DIST.	10 1 4 1	8
a. COUNTY De Kalb D. CITY III suckide scriptors limits, wride RURAL and give or form to Into 1 on Star . C. CITY County Union Star . G. FULL NAME OF III not is begind or inadication, sire attent ablitues or location. Town Union Star . G. FULL NAME OF III not is begind or inadication, sire attent ablitues or location. Town Union Star . G. FULL NAME OF III not is begind or inadication, sire attent ablitues or location. Town Union Star . S. SEX / G. COLDR OR RACE 7. MARRIED, NEVER MARRIED, 2 MOrris ADATE Move 24, 1957 S. SEX / G. COLDR OR RACE 7. MARRIED, NEVER MARRIED, 2 Morris Sept. 2, 1874 S. SEX / G. COLDR OR RACE 7. MARRIED, NEVER MARRIED, 2 S. ADE OF BIRTH S. ADE OF BIRT		ATH		2 USUAL RESID		
TOWN Union Star d. FULL NAME OF DECEASED (If we have been done) NSTITUTION 3. NAME OF DECEASED (Type or Print) 5. SEX (If we red.) after been done) 5. SEX (If we red.) after been done) 6. COLOR OR RACE (If we red.) after been done) 7. MARRIED. REYER MARRIED. (If we red.) after been done) 8. SEX (If we red.) after been done) 9. SEX (If we red.) after been done) 9. SEX (If we red.) after been done) 102. USUAL OCCUPATION (CIN-Valed of we're) 103. MOTHER'S MAILEN NAME (IGHT) 103. MOTHER'S MAILEN NAME (IGHT) 103. MOTHER'S MAILEN NAME (IGHT) 104. SEX (IF we red.) after been done) 105. SEX (If we red.) after been done) 106. SEX (IF we red.) after been done) 107. SEX (IF we red.) after been done) 108. SEX (IF we red.) after been done) 109. WAD DECEASED EVER IN U.S. ARMED FORCES? 109. WAD DECEASED EVER IN U.S	a. COUNTY	eKalb_				
NAME OF B. (Pirit) NAME OF B. (Pirit) NOY 18 NOY 18 NOY 24, 1957 S. SEX S. COLOR OR RACE 7. MARRIED, NEVER MARRIED,			township) c. LENGTH OF		Star	d. Is Residence within limits of a city or incorporated town? Yes No
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MOTT S. SEX 6. COLOR OR RACE 7. MARRIED. NEW MARRIED. 7. DATE OF BIRTH S. AGE (in parts) S. AG	3. NAME OF	a. (First)	b. (Middle)	• •		
10. SUAL OCCUPATION (Checklodd service) 10. SUAL OCCUPATION (Checklodd servic		Mary	L.	Morris	DEATH	Nov.24, 1957
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HOME HOME SAME HOME SAME HOME SAME HOME SAME SAME SAME SAME SAME SAME SAME SAME SAME SAME SAME SAME SAME SAME SAME SAME SAME SAME		ION (Olive kind of work	·	II DIOTUDI ACE		12. CITIZEN OF WHAT
38. FATHER'S NAME WIlliam Hayes ISD. MOTHER'S MAIDEN NAME At Milliam Hayes At Milliam Layes ISD. MOTHER'S MAIDEN NAME At Milliam Layes Address Myra Hayes Union Star, Mo., MEDICAL CERTIFICATION ONE That does not mean the distance of dring, such about filter, or compiliantic. It means the distance of the above course (a) stating the underlying course last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not received to the dring course (a) stating the underlying course last. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS TON 19b. MAIOR FINDINGS OF OPERATION 21c. ACCIDENT SUCCIDE ANTOCOPY (Specilty) SIGNATURE 13b. MOTHER'S MAIDEN NAME At Milliam Layes ANTECEDENT CAUSES Arrived to the debere course (a) stating the underlying course last. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not received to the debere of vonditions country death. TION 33/X YES ON EXAMPLES OF NAME 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Mosab) (Day) (Yes) (Elbert) WORK AT WORK AT WORK AT WORK AT WORK AT WORK AND 24. (DAY 24. 1957, that I last saw the deceased from MDV24. 1957, and that death occurred at 51002 m., from the causes and on the date stated above. 22a. BURL TAYORK COUNTY) (STATE) 22b. DATE SIGNED (Degree or tile) ADALE SECONDAY (CITY, town, or country) (State) ANTECEDENT SIGNATURE (Degree or tile) AT WORK AND 24. LOCALON (CITY, town, or country) (State) ADALE REC BY LOCAL ADALE SECONDAY ADDRESS ADALE SECONDAY	done during most of work	king life, even if retired)	DUSTRY	1 (0	ty and State of Poreign C	COUNTRY?
WILLIAM HAYES Armelia Hayes Armelia Hayes IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IV. INSTRUMENT ON THE SIGNATURE IV. WAS DECEASED EVER IN U.S. ARMED FORCES IN U.S. OR ARMED FOR THE U.S. ARMED			, , , , , , , , , , , , , , , , , , , 	·	14. NAME OF HUSBA	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME MY 12 Hay 28 Union Star MO.						
No. Myra Hayes Union Star, Mo., No. Myra Hayes Union Star, Mo., No. No	IS WAS DECEASED EV	FR IN U.S. ARMED I	FORCES? L 16 SOCIAL SECURITY			
18. CAUSE OF DEATH Enter only one cause per like for (a), (b), and (c) *This does not mean the mode of dying, such as hearlighture, arthenia, the mode of dying, such the mode of dying, such as hearlighture, arthenia, the mode of dying, such as hearlighture, archenia, the mode of dying, such as hearlighture, archenia, the mode of dying, such as the decade of dod. To Hold To Hold To Hold As a Hearlighture, and the death out not and getath. Or R DNIC M y DCA R DNI'S Type S	(Yes. no. or unknown)	If yes, give war or dates	of service) NO.			
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH*(a) CORE BRAL HEMORR has Constituted as heart failure, as then in a she at the mode of dring, such as heart failure, as then in att. It means the distance of conditions, if any, giving DUE TO (b) This does not mean the distance of conditions, if any, giving DUE TO (c)	· · · · · · · · · · · · · · · · · · ·				011101	I INTERVAL BETWEEN
Aforbid conditions, if any, giring DUE TO (b) as heart failure, asthenia, etc. It means the discovering of a property of the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS DUE TO (c) 12. DATE OF OPERATION DISD. MAJOR FINDINGS OF OPERATION 13. DATE OF OPERATION 13. DATE OF OPERATION 13. DATE OF OPERATION 13. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE 21. ACCIDENT (Bpecily) 21. PLACE OF INJURY (e.g., inor about SUICIDE HOMICIDE 21. TIME (Month) (Day) (Year) (Hour) 21. Injury OCCURRED WHILE AT WORK 22. I hereby certify that I attended the deceased from WORK AT WORK 22. I hereby certify that I attended the deceased from WORK AT WORK 23. SIGNATURE 24. BURIAL CREMATORY NOW, 26, 57 Union Star Union Star Missouri ADDRESS DATE OF OPERATION 25. EMBERAL DIRECTOR'S SIGNATURE ADDRESS DATE OF OPERATION 33/X YES NO 26. DATE SIGNATURE 26. DATE SIGNATURE 26. DATE SIGNATURE ADDRESS DATE OF OPERATION AND 24 ADDRESS DATE OF OPERATORY AND LOCAL ON CIty, town, or county) (State) DATE RECORN COLL ACCIDENT SIGNATURE ADDRESS DISTANCE OF CEMETERY OR CREMATORY AND LOCALION (City, town, or county) ADDRESS DATE RECORN COLL ACCIDENT SIGNATURE ADDRESS ADDRESS DATE SIGNATURE ADDRESS DATE RECORN COLL ACCIDENT SIGNATURE ADDRESS ADDRESS ADDRESS DATE SIGNATURE ADDRESS ADDRESS DATE RECORN COLL ACCIDENT SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE SIGNATURE ADDRESS ADDRE	. Enter only one cause per	I. DISEASE OR CO			on Rhage	ONSET AND DEATH 5 Cays
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alipe on NDV24, 1957, and that death occurred at 3,002 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS (A. BURIAL CREMA- 24b. DATE (State) 24c. NAME OF CEMETERY OR CREMATORY (Ad. LOCATION (Oity, town, or county) (State) 100, REMOVAL (Speedly) NOY 26,57 (Union Star Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (1-30.59 REG. MISSOURI) 25. EMERAL DIRECTOR'S SIGNATURE (ADDRESS MANURE) ADDRESS MISSOURI 26. MISSOURI 27. SIMERAL DIRECTOR'S SIGNATURE ADDRESS MANURE ADD	HOMICIDE 21d. TIME (Monta		(Hour) 21e. INJURY OCCURRED			
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249. BURIAL CREMA- TION, RENOVAL (Broodly) NOY 26,57 Union Star Union Star Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE -30.59 REG. MICHA AUCUSTA MISSOURI -30.59 REG. MICHA AUCUSTA MISSOURI -30.59 REG. MISSOURI MISSO	HOMICIDE 21d. TIME (Monu OF INJURY 22. I hereby certify	h) (Day) (Year) (that I attended t	(Hour) 21e. INJURY OCCURRED MHILEAT NOT WHILE MORK AT WORK	1957 to No	0 V 24 1957	that I last saw the deceased date stated above.
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(Licensed Embalmer's Statement on Reverse Side)	HOMICIDE 21d. TIME (Monte OF INJURY) 22. I hereby certify align on ND 23a. SIGNATURE 24a. BURIAL CREM TION, REMOVAL (Speed	that I attended to 12.4, 19.5 AL 24b. DATE NOV. 26,	(Hour) 21e. INJURY OCCURRED while AT WORK AT WORK the deceased from Nov4 and that death occurred at (Degree or title) 24c. NAME OF CEMETE Union Sta:	1957, to No. 5;00a m., from to 23b. ADDRESS	he causes and on the	date stated above. 23c. DATE SIGNED //-2 5-5-7 own, or county) (State)

STATEMENT BY LICENSED EMBALMER

I hereby certify t	hat the body	whose na	me is rec	orded on th	e reverse	side of thi	s certificate	was embalm
by me, or by		·····	••••••			., Student l	Embalmer No	0

working under my personal supervision.

Signed Koland D. Blark

Licensed Embalmer No.44.

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

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.