

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

865

STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Greene b. CITY Springfield c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3047 N. Summit Length of stay in lb 13 yrs. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene c. CITY OR TOWN Springfield 0396 Inside Limits Yes No d. STREET ADDRESS 3047 N. Summit (If outside, give location) Reside on Farm Yes No

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All addresses in Part I must be customary residence.

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. ----- working under my personal supervision.

Student -----
Signature of Student Embalmer

Signed  -----

Licensed Embalmer No. 3312
P. O. Address Springfield, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. - -
If this body is not embalmed, fact should be so stated above.