THE DIVISION OF HEALTH OF MISSOURI lealth. STANDARD CERTIFICATE OF DEATH Welfare FILED FEB 24 1958 ublic 218 Registration District No. 237 Primary Registration District No. Registrar's No. ervice 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY P. COUNTA 300 -57 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Inside Limits Inside Limits מ OR Yes No Yes No TOWN FULL NAME OF (If NOT in hospital, give location) (If outside, give location) Length of stayin 1b d. STREET Reside on Farm HOSPITAL OR **ADDRESS** IN Calhou Yes No INSTITUTION 3. NAME OF DECEASED Day Middle Last 4. DATE Year (Type or print) DEATH 5. SEX DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. MARRIED NEVER MARRIED Months last birthday) WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF-BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done INDUSTRY most of working life, even if retired) 14. NAME OF HUSBAND OR WIFE WAS DECEASED EVED N U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. Address Possil 18. CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, DUE TO (b) which gave rise to above couse (a), stating the under-DUE TO (c) lying couse last. 19. WAS AUTOPSY 1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 33 I X YES 🗍 NO 🖪 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 20c. TIME OF Hour Month, Day, Year INJŪRY a.m. p.m. 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE form, factory, street, office bldg., etc.) WORK AT WORK and last saw her alive on 21. I attended the deceased from m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 4 22b. ADDRESS 22c. DATE SIGNED 22a. SIGNATURE 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) runul 26. REGISTRAR'S SIGNATURE DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR ADDRESS 40me (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalme
by me, or by	, Student Embalmer No.
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Signed Sunning Licensed Embalmer No. # 7/ C
_	Licensed Embalmer No. # 7/ C

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.