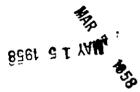
THE DIVISION OF HEALTH OF MISSOURI ealth. FILED MAR 3 - 1958 STANDARD CERTIFICATE OF DEATH Welfare STATE FILE NUMBER ublic Registrar's No. 734 Registration District No. _____Primary Registration District No. ____ ervice 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 46. COUNTY a. COUNTY 300 -57 Inside Limits c CITY Inside Limits b. CITY (If outside corporate limits, give TOWNSHIP only) OR Yes 🐼 No 🛄 Yos 📂 No 🔲 TOWN c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If outside, give location) Length of stay in 1b Reside on Form HOSPITAL OR ADDRESS Yes No 4 INSTITUTION 3. NAME OF DECEASED Middle 4. DATE Year First Last OF (Type or print) DEATH 9. AGE (Invyears IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED ... DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? OCCUPATION (Give kind of work done INDUSTRY nost of working life, way if retired) use wit 13b. MOTHER'S MAIDEN NAME 13a. FATHER'S NAME 16. SOCIAL SECURITY NO. DECEASED EVER IN U. S. ARMED FORCES? POSSIBL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: TYPEWRITE 1F IMMEDIATE CAUSE (a) Conditions, if any, DUE TO (b) which gave rise to above cause (a). stating the under-DUE TO (c) lying couse last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART 1 (a) PERFORMED? () 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 뮵 INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) WHILE AT ONT WHILE USE ģ AT WORK WORK 2. and last saw her alive on 21. I attended the deceased from diseases m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at раь. ADDRESS NAME OF CEMETERY OR CREMATORY CREMATION. 26. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalment	
by me, or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Pakent & Kenn

P. O. Address

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 bandwriting

Signature of Student Embalmer

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.

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