STANDARD CERTIFICATE OF DEATH    1. PLACE OF DEATH	olth.		THE DIVISION OF HEALTH OF MISSOURI	58-013333		
PLACE OF DEATH   C. CUUNTY   Dischange	elfare blic vice	FILED APR 28 1958	STANDARD CERTIFICATE OF DEATH  4 2  Primary Registration District No.	1000 438		
TOWN St. Joseph  Town S	00	1. PLACE OF DEATH  o. COUNTY  Buchanan	2. USUAL RESIDENCE (WF a STATE Missou	ri b. COUNTY Buchanan 0/1/2		
MOSPITAL DRIES   The Street   ADDRESS   1007 Ridenbaugh St.   Ves.   No.E	57 4	■ OR	V C No C St			
Type or print)   Relation   Rel		c. FULL NAME OF (INOT in hospital, give loc HOSPITAL OR/18 N. 7th Stree INSTITUTION Hillside Rest Ho	cation) Length of stay in 1b d. STREET ADDRESS 1007	, Dan		
Ellanora  5. SEX   6. COLOR OR RACE   7. MARRIED   NOVER MARRIED   NOVER   NOV			Middle Last			
5. SEX Female 10a. DUMAL OCCUPATION (Clore kind of work done who who who who done during most of working life, even if relived) 10b. DUMAL OCCUPATION (Clore kind of work done during most of working life, even if relived) 10b. MOUSEVIT AT HOME 10b. MOUSEVIT COUNTRY 10b. MOTHER'S MADEN NAME 10c. MASS OF DEATH (Gene only one course per lime for (o), (b), ond (c), one of color of colo			Means			
Pemale   Inite   MIDONEO   August 23,1873   Requirement   Mounth   Days			ARRIED NEVER HARRIED 8. DATE OF BIRTH	A LOS WELDINGS I VEAD IS UNDER SAME		
100. USUAL OCCUPATION (Give kind of work dome with grain of the country)  100. USUAL OCCUPATION (Give kind of work dome with grain of the country)  100. USUAL OCCUPATION (Give kind of work dome with grain of the country)  100. MINISTRY  At home  100. MINISTRY  At home  100. MALE OF CAROL OF MALE OF MINISTRY  At home  100. MALE OF HUSBAND OR WIFE  100. ACCIDENT SUICIDE HOMICIDE  100. ACCIDENT SUICIDE HOMICIDE  100. DESCRIBE HOW INJURY OCCURRED.  100. ACCIDENT SUICIDE HOMICIDE  100. ACCIDENT SUICIDE HOMICIDE  100. TIME OF How Month, Doy, Year  100. ACCIDENT SUICIDE HOMICIDE  100. TIME OF How Month, Doy, Year  100. ACCIDENT SUICIDE HOMICIDE  100. TIME OF How Month, Doy, Year  100. ACCIDENT SUICIDE HOMICIDE  100. TIME OF How Month, Doy, Year  100. ACCIDENT SUICIDE HOMICIDE  100. TIME OF How Month, Doy, Year  100. AND WHILE AT NOTH WILE CONTROL OF INJURY (e.g., in or shout home, p.m.  100. MINURY OCCURRED (form, factory, streen, effice bldg, etc.)  101. MORTH AND REAT IN ORD HOME COUNTY  102. SURMATURE  103. MORTH AND REAT IN ORD HOME COUNTY  104. MINURY OCCURRED  105. MINURY OCCURRED  106. MINURY OCCURRED  107. MALE OF HUSENBAND OR WIFE  108. SOCIAL SECURITY OF TORM AND REAT IN ORD HOME COUNTY  109. WAS AUTOPSY PERFORMED?  109. WAS AUT		P \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	August 23,1873	Rest birthday) Months Days Hours Min.		
HOUSEVITE At home   Dekalb County, Filesonia,   USA		10a. USUAL OCCUPATION (Give kind of work done 10b.	INDUSTRY	$^{\prime\prime}$ $^{\prime\prime}$ $^{\prime\prime}$		
Pred Marker   Caroline Clark   Z. P. Means		Housewif'e_				
15. WAS DECEASED EVER IN U. S. ARMED FORCEST  (Yes, who or windows) (If yes, give wor of data of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  19. WAS AUTOPSY IMMEDIATE CAUSE (a)  19. WAS AUTOPSY YES NO [3]  20. ACCIDENT SUICIDE HOMICIDE  20. ACCIDENT SUICIDE  2		•				
Yes, any or unknown  (II yes, give war or dates of service)   None   Byron C. Means   St. Joseph. Mo.	ш		<del>                                 </del>			
NTERVAL BETWEEN   NTERVAL BE	SSIBL	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, an or unknown) (If yes, give war or dates of service)				
IMMEDIATE CAUSE (a)   Conditions, if any, which gave rise to show course (a), sterling the under lying course last, DUE TO (c)   Language   L		18. CAUSE OF DEATH (Enter only one cause pe		INTERVAL BETWEEN		
which gave lists to chove cause (a), straining the under-lying course last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PERFORMED?  PERF	Ξ.	IMMEDIATE CAUSE (a)				
which gave rise to ebove course (a) string the under lying course last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION COUNTY OF PART II of item 18.)  10	EWR	Mens				
State   Stat	ΤYΡ	which gave rise to above cause (a), stating the under-	As as as	4201		
200. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20c. TIME OF   Hour   Month, Day, Year   INJURY   Occurred   INJURY   Occurred   Occurred   INJURY   Occurred   Occ	BBC		S CONTRIBUTING TO DEATH but not related to the terminal disease of			
20c. TIME OF Hour Month, Day, Year    NJURY o.m.   p.m.	OR R	EICA EICA		YES NO X		
INJURY a.m. p.m.   20d. INJURY OCCURRED   20e. PLACE OF INJURY (e.g., in ar about home, large farm, factory, street, office bldg., etc.)   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE	20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART ) or			in PART I or PART II of item 18.)		
INJURY a.m. p.m.   20d. INJURY OCCURRED   20e. PLACE OF INJURY (e.g., in ar about home, large farm, factory, street, office bldg., etc.)   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE	A C					
WHILE AT WORK    NOT WHILE   farm, factory, street, office bldg., etc.)	ist be	INJURY o.m.				
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  (Stote)  Pirial  April 25, 1058 Union Chapel Cemetery  Clarksdale, Missouri  24. FUNERAL DIRECTOR  Their St. Joseph, Mo. Charlet 1958  Charlet 1958  Mrs. Clarksdale	ort   m	WHILE AT NOT WHILE form, fact		ATION COUNTY STATE		
23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  Phyrial  April 25, 1058 Union Chapel Cemetery  Clarksdale, Missouri  25. Funeral pirector  Theirreffer. Therefore  Chil24, 1958  Mrs. Clarksdale	ri T					
23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  Phyrial  April 25, 1058 Union Chapel Cemetery  Clarksdale, Missouri  25. Funeral pirector  Theirreffer. Therefore  Chil24, 1958  Mrs. Clarksdale	Death occurred at 4:05 AM m on the date stated above; and to the best of m			best of my knowledge, from the causes stated.		
23c. BURIAL, CREMATION, 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  Pirial  April 25, 1058 Union Chapel Cemetery  Clarksdale, Missouri  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  Meierloffer. Floring St. Joseph, Ho. Chail 24, 1958  Meierloffer. Clarksdale	i i	220. SIGNATURE (Degi		\		
23c. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  Phyrial  April 25, 1058 Union Chapel Cemetery  Clarksdale, Missouri  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  Meiersoffer. Floring St. Joseph, Mo. Chail 24, 1958  Meiersoffer. Clarksdale	<u> </u>	Willow O. Mc Donal	· · · · · · · · · · · · · · · · · · ·			
Purial April 25, 1058 Union Chapel Cemetery Clarksdale, Missouri.  24. Funeral pirector Fileman Adorest Joseph, Mo. 25. Date recd. By Local reg. 26. Registrar's signature  25. Marie Land Control of	-					
Christy 1958 Mrs. Clark Hoodell	ردگا م	Purial   April 25 1958				
(I) and Endand to the Class Class	5 4	meterhoffer. Fileen St. Joseph, 10 april 24, 1958 me. Clark Soull				
(Licensed Empainer & Statement on Manager 2196)						

## STATEMENT BY LICENSED EMBALMER

I hereby certify the	at the body whose name is recorded on the reverse side of this certificate was embala
by me, or by	, Student Embalmer No

working under my personal supervision.

But C faring to

Licensed Embalmer No. 3.25 8

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.