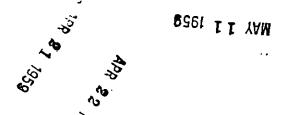
THE DIVISION OF HEALTH OF MISSOURI alth. STANDARD CERTIFICATE OF DEATH alfore blic EULU APR 10 195 Atration District No. 3000 Primary Registration District No. Registrar's No. rvice 11 T. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. COUNTY b. COUNTY bo 57 b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CłTY Inside Limits OR Yes X No [Yes 🗷 No 🗀 TOWN NO. TOWN (If outside, give location) c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 15 d. STREET Reside on Farg HOSPITAL OF ADDRESS Yes 🗌 N NAME OF DECEASED 4. DATE Day (Type or print) OP DEATH MARRIED CS. DATE OF BIRTH 9. AGE (In years IF UNDER) YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER last blothday) Months Days WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY ountu 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 134 FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT ECEASED EVER IN U. S. AMED FORCES? nown) (If yes, give war or dates of service) 2NDeleware 18. CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, DUE TO (b) which gave rise to above couse (a), stating the underlying cause last. DUE TO (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PERFORMED? 446X 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 INJURY p.m. 20d. INJURY OCCURRED 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) WHILE AT AT WORK 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 22b. ADDRESS 22c. DATE SIGNED 220 SIGNATURE (Degree or title) 23a. RHESTL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) (Licensed Emalmer's States



to and gray

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.	1
Student	Signed Melinish missens

Licensed Embalmer No. 4. 2.9.

P. O. Address Appliton In 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.