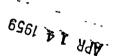
59-009169 THE DIVISION OF HEALTH OF MISSOURI ealth, STANDARD CERTIFICATE OF DEATH Welfare ublic 10 Depistration District No. ...Primary Registration District No... Registrar's No., ervice PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before _admission! a. COUNTY b. COUNTY 300 Renton -57 give TOWNSHIP only) Inside Limits c. CITY Inside Limits 0 OR OR Yes 🔀 No 🗀 Yes No 🗶 TOWN TOWN c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If outside, give location) Length of stay in 1b Reside on Farm HOSPITAL OR **ADDRESS** Yes 🔲 No 🗶 INSTITUTION 3. NAME OF DECEASED Lost 4. DATE Year OF (Type or print) DEATH 9. AGE (In years I FUNDER I YEAR IF UNDER 24 HRS. 5. SEX MARRIED NEVER MARRIED las birthday) Months Days WIDOWED DIVORCED 105. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? ost of working life, even if retired) Mome 130 FATHER'S NAME THER'S MAIDEN NAME 14- NAME OF HUSBAND OR WIFE Vo Ne SECURITY NO. 17. INFORM 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: TYPEWRITE IMMEDIATE CAUSE (a) Conditions, if any, DUE TO (b) which gave rise to above cause (a), RIBBON stating the under-331 X DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? 8 YES NO 20a. 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 吊 INJURY a.m. ONLY p.m. COUNTY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION STATE NOT WHILE WHILE AT farm, factory, street, office bldg., etc.) WORK AT WORK All diseases in 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 22b. ADDRESS 22a. SIGNATURE (Degree or title) 22c. DATE SIGNED 23d. LOCATION (City, town, or county) 23a, BURIAL, CREMATION. CEMETERY OR CREMATORY (State) 25. DATE RECD. BY LOCAL REG.



STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded or | n the reverse side of this certificate was embalme |
|--|--|
| by me, or by | , Student Embalmer No. |
| working under my personal supervision. | 100 |

Signature of Student Embalmer

Licensed Embalmer No. 8.9/
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 handwriting.

If this body is not embalmed, fact should be so stated above.