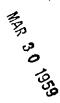
59-012073 THE DIVISION OF HEALTH OF MISSOURI Health, STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER Welfare SED MAR 24 1959 Registration District No. .. Public 3076 360 Registrar's No. 69 Primary Registration District No. Service 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY MISSOURI B. COUNTY 300 PERNON 1-57 b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits 80 SHELDON Yes 😿 No 🔲 Yes 🔀 No 🗌 TOWN TOWN c. FULL NAME OF (MOT in hospital, give location)
HOSPITAL OR \_#402, NO. Cedar St
INSTITUTION JONES NORSING HEME Length of stay in 1b d. STREET (If autside, give location) Reside on Farm **ADDRESS** 9 MONTHS Yes - No-Middle 3. NAME OF DECEASED 4. DATE Year (Type or print) OF DEATH MARCH 12 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED X NEVER MARRIED last hirthday) Months | Days APRILT 1873 WIDOWED DIVORCED 15 12. CITIZEN OF WHAT COUNTRY? IGa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (City and state or country) during most of working life, even if retired) INDUSTRY EDARCO MO U.3 A. HOUSE WIFE 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME KIN'S CALLAHAN A MES 17XINFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ET AND DEATH ш 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. 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? YES NO S 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW IN JURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year p.m. COUNTY STATE 20d. INJURY OCCURRED 20c. PLACE OF INJURY (e.g., in or about home, 201. CITY, TOWN, OR LOCATION form, factory, street, office blda. WHILE AT \_\_ NOT WHILE \_\_ WORK Mar 12/59 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 \_ egree or title) 22b. ADDRESS 22c. DATE SIGNED 22a. SIGNATURE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State Steldon, Missouri (State) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) SHELDON 1 24. FUNERAL DIRECTOR LOCAL REG. NERAL HOME SHELDON MO



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is r	recorded on the reverse side of this certificate was embalme
by me, or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed & Bernard Bung
. 4	Licensed Embalmer No.

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.