	I —	egistration district No	6 274 Prin	nary Registration D	District No.	Registrar's No.	20	STATE FILE N	
	-,	1. PLACE OF DEATH • COUNTY PETTIS				2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before a. STATE MISSOURT b. COUNTY PETTIS admission)			
	I —	OP 1			Length of stay in 1b	c. CITY Inside Limits OR			Inside Limits
	l	TOWN SEDATIA				TOWN SEDALIA		Yes ☑ No □	
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOTH: FLL HOSPITAL			Inside Limits Yes-[☐ No ☐	d. STREET (If outside, address 1009 West 6th S		s, give location) St.	Reside on Farm Yes □ No [3]	
	3. NAME OF DECEASED First (Type or print) ADELBERT				ddle	tast VAISTON	4. DATE OF DEATH Febru	Month Day	Year 1960
		. SEX	6. COLOR OR RACE	7. Married 🗆			9. AGE (last birthda		
	,	Male	White	Widowed M	Divorced 🗌	Mar 26,188	5 7և	Months Days	Hours Min.
		10a. USUAL OCCUPATION (Give kind of work done 10)		10b. KIND OF BU	JSINESS OR INDUSTR		ity and state or countr	y) 12. CITIZEN O	F WHAT COUNTRY
		during most of working life, even if retired) Plumber			Plumbing		y, Illinois	USA	
	13	13a. FATHER'S NAME		13b. MO	THER'S MAIDEN NAM	E	14, NAME C	F HUSBAND OR WIF	E
ŀ					ah Bray		Dessie May Cavett		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of service)			CIAL SECURITY NO.	Y NO. 17. INFORMANT 305 East 2nd St.				
DOCUMENT	No None					Melson Walston, Sedalia, Missouri			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY:								ONSET AND DEATH
	IMMEDIATE CAUSE (a) Myocard				rdial P	-general	1000		- y 1.
<u> </u>	z	which sabove stating tying to	ons, if any, pave rise to cause (a), the under-cause last. DUE TO (c)	TRIBUTING TO DEAT	H but not related to	the terminal PAS	RT III. If deceased	wes female was
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR disease condition given in PART I (a)				KIBUTING TO DEAL	11 501 101 1016100 15	TAKE		ancy in last 90 days.
	흹		5041		100 ans	<u>`</u>			No Unknown
	CERTII	19. WAS AUTOPSY PERFORMED? YES NO	20a. ACCIDENT SUICID	E HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURRED.	(Enter nature of injury	in PART I or PART	II of item 18.)
	WEDICA	20c. TIME OF Hou INJURY a.m. p.m.						-	
	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK 10e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK 10e. PLACE OF INJURY (e.g., in or about home, while AT WORK 10e. PLACE OF INJURY (e.g							STATE	
	21. I attended the deceased from 7/2/57, to 2/2/60 and last saw her him slive on 2/2/60. Death occurred at 4:20 9. m on the date stated above, and to the best of my knowledge, from the causes stated								causes stated.
<u>u</u> .	22a. SIGNATURE (Degree or title) 22b. ADDRESS							22c. DATE SIGNED	
10		72	7 2/1	0	100	1116 W. 3.	nd Sado	100 1700	2/2/60
_ ₹	23	BURIAL, CREMATION REMOVAL (Specify)			OF CEMETERY OR CRE	MATORY 23	d. COCATION (City, 1	own/or county)	(Staye)
Õ		D		I Grown	an II Gemet	erv	<u>Sedalia, Mi</u>	ssourl	
AFFID.	-24	FUNCTOR DIRECTOR		RESS	25. DAT	E RECD. BY LOCAL REC	EGISTRAR'S	S SIGNATURE	•
BY AFFIDAVIT OF	24	FUNERAL DIRECTOR		Sedalia	0	E RECD. BY LOCAL REC	5. 26 TEGISTRAR'S	SIGNATURE	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by	, Student Embalmer No
working under my personal supervision.	8 100 0 10
Student	Signed Nalph E. Baker
Signature of Student Embalmer	
	Licensed Embalmer No. 2419
	P. O. Address Sedalia Y

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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.