Registration District No. 3	JRI	APL!	ΣQ.	SHON POF HEA	ith – Stand	ARD CE	RTIFICATE (OF DEATH		60-01	0680	
** COUNTY Henry ** ** demission** ** Description of the provide corporate limits, give 100WNSHIP only) ** Length of stay in 16	NDED	•	 -	1 > 7 SO >> 9 STATE FILE NUMBER								
ONN Clinton C. PULL NAME OF (I NOT in hospital, give location) C. PULL NAME OF (I NOT in hospital, give location) C. PULL NAME OF DECRASE (I) Wetzel Osteopathic Ver No D S. NAME OF DECRASE (I) Wetzel Osteopathic Ver No D S. SEX S. SEX A. COLOR OR RACE (I) Morris Morris S. SEX A. COLOR OR RACE (I) Morris Morris (I) Lati BLEW JOHNSTON S. SEX A. COLOR OR RACE (I) Morris (I) Wetzel No Dever Marriad (I) S. DATE (I) WORRE L'ERR IF UNDER 2 (I) Word Nove Marriad (I) S. SEX A. COLOR OR RACE (I) Morris (I) Word Dever Marriad (I) S. DATE (I) WORD OR RACE (I) Morris (I) S. SEX (I) COLOR OR RACE (I) Morris (I) WORD OR RACE (I) Morris (I) WORD OR RACE (I) Morris (I) WORD OR RACE (I) MORRIS (I) S. SEX (I) WORD OR RACE (I) MORRIS (I) WORD OR RACE (I) MORRIS (I) S. SEX (I) WORD OR RACE (I) MORRIS (I) WORD OR RACE (I) S. MARCE OF INCIDENT (I) S. MARCE OF INCIDENT (I) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. SOCIAL SECURITY NO. 17. INFORMANT (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. SOCIAL SECURITY NO. 17. INFORMANT (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. SOCIAL SECURITY NO. 17. INFORMANT (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. SOCIAL SECURITY NO. 17. INFORMANT (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. WAS DECRASED FOR IN U.S. ARMED FORCES? (II) S. WAS DECRASED EVER IN U.S. ARMED FORCES? (II) S. WAS DECRASED FOR IN U.S. ARMED FORCES? (II) S. WAS DECRASED FOR IN U.S. ARMED FORCES? (II) S. WAS DECRASED FOR IN U.S. ARMED FORCES? (II) S. WAS DECRA		1	COUNTY			ll l	·					
NAME OF DECEASED First Middle Name			_	TOWN Cli	nton	.,	hrs	TOWN Be	er Creek 7	[wsp	Inside Limits Yes No 🗆	
ADELLA BLEW JOHNSTON OPENIM March 29, 1960			_	HOSPITAL OR INSTITUTION W	etzel Osteo	pathic	Yes ₽ No□	1	Montrose F	RRX1	Yes Cx No □	
Female Wintte 10. USUAL OCCUPATION (Give kind of work done of work done of work occupation) Table 10. USUAL OCCUPATION (Give kind of work done of work done of work done of work occupation) Table 10. USUAL OCCUPATION (Give kind of work done of work done of work done of work occupation) Table 11. BIRTHPLACE (City and state or country) Table 12. Social Security No. Table 12. Man Commission Table 13. MARE OF FUSBAND OR WIFE LILLY AND COMSTOCK John E. Johnston Dec Address Tokes or unknown) Table 14. NAME OF FUSBAND OR WIFE LILLY AND COMSTOCK John E. Johnston Dec Address Tokes or unknown) Table 16. Social Security No. Tokes or unknown) Table 16. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c). Conditions, if any, which gave rise to stating the underlying cause lest.) DUE TO (b) Respiratory Table 16. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c). Conditions, if any, which gave rise to stating the underlying cause lest.) DUE TO (c) Respiratory Table 17. How Man Albuque and the stating the underlying cause lest.) DUE TO (c) Table 10. WAS AUTOPSY Ta				(Type or print)	ADELLA	BLEW	<i>I</i> JOHN	STON	DEATH Mar	rch 29, 19	960	
during and a wasking life, even if retired) Farm Rosemont, Minnesota USA				Female	White	Widowed	Divorced [12/5/72	87	Months Days	Hours Min.	
Edwin Wesley Blew Is. WAS DECEASED EVER IN U.S. ARMED FORCES? Is. WAS DECEASED EVER IN U.S. ARMED FORCES? In Social SECURITY NO. 17. INFORMANT Address				during most of working life, even if retired)		Farm	1	Rosemon	t, Minneso	ota USA		
10 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (c), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (e), (c), and (c). 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated. 18. CAUSE OF DEATH (Enter only one cause stated			E	Edwin Wesley	IN U.S. ARMED FORCES?	Lu 16. Se	cy Ann Co	mstock		E. Johnst		
Which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releved to the terminal finere a pregnancy in last 90 Carlos Autropsy 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCUPRED. [Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO IL 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, Day, Day, Day, Day, Day, Day, State of the deceased from S-29-60 and last saw her slive on S-29-60 and last saw h		ENT		NO I 18. CAUSE OF DEATH	(Enter only one cause per	line for (a), (b),		Mrs Roy	Graham, Al ♣		N M NTERVAL BETWEEN ONSET AND DEATH	
Which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releved to the terminal finere a pregnancy in last 90 Carlos Autropsy 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCUPRED. [Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO IL 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, Day, Day, Day, Day, Day, Day, State of the deceased from S-29-60 and last saw her slive on S-29-60 and last saw h		DOCUM		Canditio	.,	P	araiac Espirato	u Grail	lure	3		
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20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK 20f. CITY, TOWN, OR LOCATION 21. 1 attended the deceased from 3-29-60 Death occurred et				19. WAS AUTOPSY PERFORMED? YES NO DE	20a. ACCIDENT SUICIDE	E HOMICIDE						
WHILE AT WORK farm, factory, street, office bidg., etc.) NOT WHILE AT WORK farm, factory, street, office bidg., etc.) 21. 1 attended the deceased from			MEDICAL	INJURY a.m.								
21. 1 estended the deceased from Death occurred et 22. SIGNATURE (Degree or title) 22. ADDRESS 23. BURIAL, CREMATION, REMOVAL (Specify) Burial April 1 ADDRESS 23. BURIAL OCAL DIRECTOR 23. BURIAL OCAL DIRECTOR 23. BURIAL OCAL DIRECTOR Clinton m Missouri 24. FUNERAL DIRECTOR 21. 1 estended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. 22. DATE SIGNATURE 22. DATE SIGNATURE 23. DATE 23. DATE 23. DATE 24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE				WHILE AT WORK!	VORK [] farm, fo	factory, street, o	office bidg., etc.)			A	STATE	
Clinton Missouri Burial April 1 1060 Englewed Bate Recd. By Local Reg. 26: Registrar's Signature 236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, of county) (State) Clinton Missouri 24. FUNERAL DIRECTOR 25: REGISTRAR'S SIGNATURE				Death occurred et.	eased from	29-6	عون	the date stated above,		n	causes stated.	
		VIT OF		lenten.	L. Dasp	. 6	B.	105 €. 6	this Clan	to Me	7 7	
		AFFIDA		REMOVAL (Specify)	April 1, Apr	•			03.	nm Missour	••	
(Licensed Embalmer's Statement on Reverse Side)	}	B⊀		CONSALUS	Elint	on, Mis	ssour i	ril,2,190	60 Nulo	dred B	igum	

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		corded on the reverse side of this certificate was emb
or by	the state of the s	, Student Embalmer No
working un	der my personal supervision.	Signed J. E. Consa
Student		Signed Signed
	Signature of Student Embalmer	Licensed Embalmer No.

P. O. Address

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cowith 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.