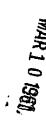
31			DF DEATH _=60-016249_
ED	EV 	VS APR 25 1960 245 Registration District No. 245 Primary Registration District No. 58	3 & Registrar's No. 38 STATE FILE NUMBER
 		1. PLACE OF DEATH a. COUNTY Newton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO. b. COUNTY Newton admission)
		b. CITY (If outside corporate limits, give TOWNSHIP only) OR OR	c. CITY Inside Limits
		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOSPITAL OR	d. STREET (If cutside, give location) Reside on Farm ADDRESS
+	4	INSTITUTION HOME R # 14 Yes □ No €	Rt. #14 Yes No D
		(Type or print)	rumbliss DEATH April 16. 1960
		5. SEX 6. COLOR OR RACE 7. Married X Never Married C Widowed Divorced C	8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pet Milk Employee Pet Milk Plant	Newton County U.S.A.
		Tohn Crumbliss Mellie Clar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	k Lucile
		(Yes, no, or unknown) (If yes, give war or dates of service)	Lucile Crumbliss
	DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unterior Scle.	cotic heart disere with "NET AND DEATH
	DOC	Conditions, if any, which gave rise to	dial infanction
\perp		above cause (a), stating the under- lying cause last. DUE TO (c)	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA disease condition given in PART I (a)	TH but not related to the terminal PART III. If deceased was female was there a pregnancy in last 90 days.
		<u> </u>	OW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 16.)
		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
		20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
		21. I attended the deceased from Man 1 (960, to GIF Death occurred at 7:45 a.M. mon t	he date stated above, and to the best of my knowledge, from the causes stated.
	IT OF	22a. SIGNATURE (Degree of title) Anald E. Bankon	226. ADDRESS Plasho Mo. 420-60
-	AFFIDÁVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME of CEMETERY OR CREMOVAL (Specify) Burial 4-19-60 Get Wood Cei	metery 7 Miles West Neosho, Mo
	BY AF		21 20. 1960 Melvin C. Bowner MO
'		(Licensed Embalmer's State	ement on Reverse Side) Pu PH.



STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whos	e name is recorded on the reverse side of this certificate was embalmed by
or by		, Student Embalmer No
workir	ng under my personal supervision.	il O D DO P
Studen	ntSignature of Student Embalmer	Signed Lelouk
	Signatore of Orbacon Embaniles	Licensed Embalmer No 5056

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