VS	MAY 1 7 1960		ARD CERT			. <del>~</del> –	00.	020489
	Registration District No	297 Prir	mary Registration D	istrict No. 612	2 Registrar's No	. 65	STATE F	ILE NUMBER
-  -	1. PLACE OF DEATH				2. USUAL RESIDE	NCE (Where decease	ed lived. If institu	ution: Residence before
	. county Ray	y			. STATE Mis	souri <sup>b. cou</sup>	Ray	admission)
_	b. CITY (If outside co	rporate limits, give TOWN	SHIP only) L	ength of stay in 1b	c. CITY			Inside Limits
ł	town Ric	hmond Town	ship 2	weeks	OR TOWN	Richmon	d	Yes □ No <b>∑</b>
_	c. FULL NAME OF (If	NOT in hospital, give loca	ition)	Inside Limits	d. STREET ADDRESS	(If ou	itside, give location	Reside on Farm
_	INSTITUTION TE	ay County M Hospit	emorial al	Yes 🗌 No 🏗	ADDRESS	R. # 1		Yes 🔼 No 🗆
_	3. NAME OF DECEASED	First	Mic	ddle	Last	4. DATE	Month	Day Year
il.	(Type or print)	Beulah		Bla	in	OF DEATH	Mav 2. 1	960
-	5. SEX	6. COLOR OR RACE	7. Married	Never Married	8. DATE OF BIRTH			YEAR   IF UNDER 24 HR
	Female	White	Widowed 🔲	Divorced 🗆	10-8-188		Months	Days Hours Min.
1/	10a. USUAL OCCUPATION	(Give kind of work done	106. KIND OF BU	SINESS OR INDUSTR		(City and state or co	ountry) 12. CITIZE	N OF WHAT COUNTRY
		ng life, eyen if retired) ISCWITC	House	wife	Orrick	Missour	i   Unit	ed States
13	13a, FATHER'S NAME	COULTO	13b. MOT	HER'S MAIDEN NAM			AE OF HUSBAND OR	WIFE
	Rial Cre	ason	Eli	za Jane H	Harris	Cla	ude Blai	n
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOC	IAL SECURITY NO.	17. INFORMANT		Address		
(Yes, no or unknown) (If yes, give war or dates of service) None			ė	Claude	Blain Ri	chmond,	Miggonri	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			<u> </u>	17.1.C. 4.1.9.L.	o rimorra .	INTERVAL BETWEEN	
	IMMEDIATE CAUSE (a) CATC: Nome of Gall Blacker Onset and Death							
	Candisia		CARCO	Noma o	1 G 11	137 AL	· · · · · · · · · · · · · · · · · · ·	ONSET AND DEATH
7	which go above of stating to lying co	ins, if any, ave rise to cause (a), the under-ause last. DUE TO (c	c)	Noma o				
NTION	which go above of stating to lying co	ons, if any, ave rise to cause (a), the under-	c)	Nom h o			PART III. If dece	ased was female was pregnancy in last 90 days
FICATION	which go above of stating to lying co	ons, if any, averise to cause (a), the under-ause last. DUE TO (control of the under-ause last.	b)  c)  CATC : 4  CONDITIONS CONT  IN PART I (a)	RIBUTING TO DEAT	H but not related to	o the terminal	PART III. If decentere a p	ased was female was regnancy in tast 90 days
CERTIFICATION	which go above of stating to lying co	ons, if any, ave rise to cause (a), the under-ause last. DUE TO (control of the under-ause last.	b)  c)  CATC : 4  CONDITIONS CONT  IN PART I (a)	RIBUTING TO DEAT		o the terminal	PART III. If decentere a p	ased was female was regnancy in tast 90 days
	in the property of the propert	ons, if any, ave rise to the service of the undersuse (a), the undersuse last. DUE TO (continue of the undersuse last. DUE TO (continue of the undersuse last. DUE TO (continue of the undersuse	c) CONDITIONS CONT in PART I (a)	RIBUTING TO DEAT	H but not related to	o the terminal	PART III. If decentere a p	ased was female was regnancy in tast 90 days
MEDICAL CERTIFICATION	PART II.  19. WAS AUTOPSY PERFORMED? YES NO 22  20c. TIME OF Hour INJURY a.m. p.m.	ons, if any, ave rise to (tause (a), the under- euse last. DUE TO (to disease condition given in the condition given g	c) CONDITIONS CONT in PART I (a)	RIBUTING TO DEAT	H but not related to	o the terminel  O. (Enter nature of in	PART III. If dece there a p Yes ajury in PART I or P.	ased was female was regnancy in tast 90 days
	9. WAS AUTOPSY PERFORMED? YES ○ NO  20. TIME OF Hour INJURY a.m.	ons, if any, ave rise to (tause (a), the under- euse last. DUE TO (to disease condition given in the condition given g	c) CONDITIONS CONT in PART I (a)	RIBUTING TO DEAT	H but not related to	o the terminel  O. (Enter nature of in	PART III. If decentere a p	ased was female was regnancy in tast 90 days
	19. WAS AUTOPSY PERFORMED? YES NO 122  20c. TIME OF Hour INJURY a.m. p.m.  20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK	DUE TO (to the series of the underseuse (a), the underseuse last.  OTHER SIGNIFICANT C disease condition given in the underseuse last.  OTHER SIGNIFICANT C disease condition given in the underseuse last.  DUE TO (to the underseuse) DUE T	c) ONDITIONS CONT IN PART I (*)  F HOMICIDE  OF INJURY (e.g., i	RIBUTING TO DEAT	H but not related to W INJURY OCCURRED 20f. CITY, TOWN, OI	D. (Enter nature of in	PART III. If decenthere e properties of the prop	ased was female was regnancy in test 90 days  THE Unknown  ART II of item 18.)
	PART II.  19. WAS AUTOPSY PERFORMED? YES NO 22  20c. TIME OF Hour INJURY a.m. p.m.	ms, if any, ave rise to (to cause (a), the under- euse last. DUE TO (to cause (a), the under- euse last. DUE TO (to disease condition given in the under- euse last. DUE TO (to disease condition given in the under- euse last. DUE TO (to cause (a), the under- euse last. DUE TO (to cause	c)  CONDITIONS CONT IN PART I (a)  CONTINUE HOMICIDE  OF INJURY (e.g., if factory, street, office	RIBUTING TO DEAT	H but not related to W INJURY OCCURRED 20f. CITY, TOWN, OI	D. (Enter nature of in	PART III. If decembers a polymer in PART I or P.	ased was female was pregnancy in test 90 days  THE Unknown  ART II of item 18.)
	19. WAS AUTOPSY PERFORMED? YES NO PART III.  19. WAS AUTOPSY PERFORMED? YES NO PART III.  20c. TIME OF Hour INJURY a.m. p.m.  20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WO	ms, if any, ave rise to (tause (a), the undersuse last.)  OTHER SIGNIFICANT (disease condition given in the undersuse last.)  20a. ACCIDENT SUICID  Month, Day, Year  20b. PLACE farm, from the undersuse from the undersuse condition given in the undersuse condition	OF INJURY (e.g., if factory, street, offices	RIBUTING TO DEAT	W INJURY OCCURRED  201. CITY, TOWN, OI  2 - 68  an  an date stated above,  22b. ADDRESS	D. (Enter nature of in R LOCATION  d last saw her plive and to the best of n	PART III. If decembers a positive on the company of	ased was female was pregnancy in test 90 days  THE Unknown  ART II of item 18.)
MEDICAL	19. WAS AUTOPSY PERFORMED? YES ON DE 200. TIME OF Hour INJURY OCCURRE WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WORK	ms, if any, aver rise to (august (a), the undersuse last.)  OTHER SIGNIFICANT C disease condition given in the condition given given given given given given giv	OF INJURY (e.g., if factory, street, offices or title)	RIBUTING TO DEAT	W INJURY OCCURRED  20f. CITY, TOWN, OI  2 - 68 an e date stated above,  22b. ADDRESS	D. (Enter nature of in R LOCATION  d last saw her slive and to the best of n	PART III. If decembers a positive on the company of	ssed was female was regnancy in test 90 days  The Unknown ART II of item 18.)  STATE  the causes stated.  22c. DATE SIGNED
MEDICAL	above above gate gate gate gate gate gate gate gat	DUE TO (to aver rise to cause (a), the undereuse last.  OTHER SIGNIFICANT C disease condition given in the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to cause (a), the undereuse last.  DUE TO (to aver rise to aver	OF INJURY (e.g., if factory, street, offices or title)	RIBUTING TO DEAT	W INJURY OCCURRED  20f. CITY, TOWN, OI  2 - 68 an e date stated above,  22b. ADDRESS  K; K	the terminal  C. (Enter nature of in  R. LOCATION  d last saw her pain alive and to the best of n  23d. LOCATION (Cit	PART III. If decenthere e properties of the prop	ssed was female was pregnancy in test 90 days  THE Unknown  ART II of item 18.)  STATE  the causes stated.  22c. DATE SIGNED  (State)
WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO 22  20c. TIME OF HOUT INJURY a.m. p.m.  20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT	DUE TO (to average of the undergouse (a), the undergouse (a), the undergouse last.  OTHER SIGNIFICANT Condition given in the undergouse condit	OF INJURY (e.g., if factory, street, office or title)  23c. NAME O.  DOCKE	RIBUTING TO DEAT	W INJURY OCCURRED  20f. CITY, TOWN, OI  2 - 68 an e date stated above,  22b. ADDRESS  K; K	the terminal  C. (Enter nature of in  R. LOCATION  d last saw her pair and to the best of n  22d. LOCATION (Cit  Ray Count	PART III. If decenthere a property in PART I or Property in PART I or Property in Part I or Property in part i	ssed was female was pregnancy in test 90 days  THE Unknown  ART II of item 18.)  STATE  the causes stated.  22c. DATE SIGNED  (State)
WEDICAL	which good above stating lying company of the part in	DUE TO (to average of the undergote of t	OF INJURY (e.g., in part I (a)  OF INJURY (e.g., in factory, street, office  3:08  Jac. NAME O.  DOCKE	RIBUTING TO DEAT	W INJURY OCCURRED  20f. CITY, TOWN, OI  2 - 68 an e date stated above,  22b. ADDRESS  K.: L	the terminal  C. (Enter nature of in  R. LOCATION  d last saw her pair and to the best of n  22d. LOCATION (Cit  Ray Count	COUNTY  COUNTY  To ny knowledge, from  Ty, town, or county)	ssed was female was pregnancy in test 90 days  THE Unknown  ART II of item 18.)  STATE  the causes stated.  22c. DATE SIGNED  (State)

JAN 3 0 196**2** 

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was embalmed by
or by	, Student Embalmer No.
working under my personal supervision.	6 81
StudentSignature of Student Embalmer	Signed Signed Sile
	Licensed Embalmer No. 406 C
	P. O. Address Refusion

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