V S	بن 0ء	UL 5 1969 egistration District No	297	Primary Panistration	n Diatri	-1 No 602	2Registrar's N	1.78	STAT	E FILE NUMBER	
Ŀ		SARIE I OU DISTRICT 140.		runary kegistration	n Distri	CI 110. E.E.E.E.E.E	Kegishar's N				
-[]	1.	PLACE OF DEATH					2. USUAL RESID	ENCE (Where dece		stitution: Reside	nce be
		a. COUNTY Ra-	v.				a. STATE	souri b. co	Ray_	adı	mission
1	b. CITY (If outside corporate limits, give TOWNSHIP only)					th of stay in 1b	c. CITY	30arr		lnsi	de Lim
ı	TOWN Richmond Township			hin	١,,	uro o le a	OR TOWN	Hanne - LL	_	Yes	□ No
1	_	c. FULL NAME OF (IF	NOT in hospital, give le	ocation)	17-	Weeks Inside Limits	d. STREET	<u>Henriett</u>	d outside, give locati		de on F
ı		HOSPITAL OP	y County H			Yes □ No □X	ADDRESS			· J	☑ No
1		manner Ha	y county h	OSDILAT		1	<u>⊥_m</u>	<u>ile nort</u>	n Henrie	etta ".	<u>K</u>
1	3.	NAME OF DECEASE) First		Middle		Last	4. DATE OF	Month	Day	Yea
ı		(Type or print)	James	Day	vid	Win	ninger		une 2	24 , 1 9	960
1	5.	. SEX	6. COLOR OR RACE	7. Married		lever Married	8. DATE OF BIRT	\	interior LIE LINIDE	D I VEAD IE II	NDER
ı		Male	White	Widowed		Divorced 🔲	4-15-18	T 1	Months	QDays Hou	78
1	10a		(Give kind of work do	ne 10b, KIND OF	BUSIN	ESS OR INDUSTRY		E (City and state or	, –	IZEN OF WHAT	COUN
		during most of worki	ng life, even if retired)	1			1		_		
1	13-	Retired .	ıarmer	113b A	AOTHER	S'S MAIDEN NAM	iusa con	nty Miss	OUPI ME OF HUSBAND	USA OR WIFE	
				1			=	1_		_	
1.	16	James Win	NÎNGER R IN U.S. ARMED FORCI		ary	Walker SECURITY NO.	17. INFORMANT	IRes	Sie Will Address	Tams	
			R IN U.S. ARMED FORCI Fyes, give war or dates				IV. INFORMANT		Address	_	
1.		No I		1	<u>Un</u> l	known	Norvel	<u>المكل مكل</u>	ger, Her	<u>irietta</u>	
		18. CAUSE OF DEATH	1 (Enter only one cause (per line tor _(e// sio)	and (c	r)		•		INTERVA	. AFIV
18. CAUSE OF DEATH (Enter only one cause per line for (ANC), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANCYCATIC Conditions, if any.) DUE TO (b) PART I. DEATH WAS CAUSED BY: ANCYCATIC ANCINOMA								^	A	QARSET A	ND DI
			IMMEDIATE CAUSE	(a) [A]	CY	real (AYCIN	NOMA	Set A	ND OF
		Conditi which (above stating		(a) AN	CY	STA		Arcin	0/9/4 N 0/9/11	6/	ND DE
	NO	Conditi which of above stating lying	ons, if any, pave rise to cause (a), the under-cause (DILETO	(a) AN (b) N (c)	CY TA	STA	ATIC (Carc	PART III. If d	eceased was	female
	ATION	Conditi which of above stating lying	ons, if any, pave rise to cause (a), the under-cause last. DUE TO	(a) AN (b) N (c)	CY TA	STA	ATIC (Carc	PART III. If dithere	eceased was a pregnancy in	female last 9
	IFICATION	Condition which conditions above stating lying of PART I	ons, if any, pave rise to cause (a), the under-cause last. DUE TO UE TO	C (c) CONDITIONS CO	TA ONTRIB	STA	47/c (to the terminal	PART III. If dithere	eceased was a pregnancy in	female last 9
		Condition which can above stating lying of PART 1	ons, if any, pave rise to cause (a), the under-cause (DILETO	C (c) CONDITIONS CO	TA ONTRIB	STA	47/c (Carc	PART III. If dithere	eceased was a pregnancy in	female last 9
	CERTIF	Condition which cabove stating lying PART I	ons, if any, pave rise to cause (a), the undercause last. DUE TO USE TO CAUSE (a), the undercause last. DUE TO USE	CONDITIONS CO	TA ONTRIB	STA	47/c (to the terminal	PART III. If dithere	eceased was a pregnancy in	female last 9
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	CERTIF	PART I 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hou a.m. P.IIII	ons, if any, pave rise to cause (a), the undergrause last. DUE TO DUE TO Cause (a),	CONDITIONS CO	ONTRIBI	UTING TO DEATI	47/c (to the terminal	PART III. If dithere	eceased was a pregnancy in sa N. PART II of iter	female last 9
	CERTIF	Condition which cabove stating lying of the stating lying ly	ons, if any, pave rise to cause (a), the undergrause last. DUE TO DUE TO Cause (a),	CE OF INJURY (e.	ONTRIBI	UTING TO DEATI	H but not related	to the terminal	PART III. If dithere	eceased was a pregnancy in sa N. PART II of iter	female last 9
	CERTIF	Condition which cabove stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO NO INJURY OCCURR WHILE AT WORN NOT WHILE AT WORN NOT WHILE AT	IMMEDIATE CAUSE ons, if any, pave rise to cause (a), the under-cause last. DUE TO the SIGNIFICANT disease condition give month, Day, Year work, Day, Year for the under-cause last.	CE OF INJURY (e.	ONTRIBI	UTING TO DEATI	H but not related W INJURY OCCURR	to the terminal ED. (Enter nature of	PART III. If dithere	eceased was a pregnancy in sa N. PART II of iter	femalast 90
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	CERTIF	PART I 19. WAS AUTOPSY PERFORMED? YES NO I 20c. TIME OF Hou amplification INJURY OCCURR WHILE AT WORN NOT WHILE AT 21. I attended the de	IMMEDIATE CAUSE ons, if any, pave rise to cause (a), the under- reuse last. DUE TO I. OTHER SIGNIFICANT disease condition give Month, Day, Year Month, Day, Year ED 20e. PLA WORK 20e. PLA faze work	CE OF INJURY (e.p. factory, street, c	ONTRIBI	UTING TO DEATH	H but not related W INJURY OCCURR ROF. CITY, TOWN, of date stated above	to the terminal ED. (Enter nature of	PART III. If dithere Type Injury in PART I o	eceased was a pregnancy in s. N. N. or PART II of iter	female last 90
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	MEDICAL CERTIF	Condition which cabove stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO I 20c. TIME OF HOU INJURY OCCURR WHILE AT WORN NOT WHILE AT 21. I attended the depent occurred to the depent occurred to the dependent occurred to	IMMEDIATE CAUSE ons, if any, pave rise to cause (e), the under-cause last. DUE TO the significant disease condition give the under-cause last. DUE TO the significant disease condition give the under-cause last. Month, Day, Year the under-cause last. WORK DED 20e. PLA fare work	CE OF INJURY (e.p. factory, street, co	ONTRIBI	UTING TO DEATH	W INJURY OCCURR Of. CITY, TOWN, of date stated above	to the terminal ED. (Enter nature of OR LOCATION and less saw him all	PART III. If definere there injury in PART I of there were the part I of	eceased was a pregnancy in a pregnan	female last 90 Urm 18.)
	MEDICAL CERTIF	20d. INJURY OCCURR WHILE AT WORN NOT WHILE AT 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF HOU INJURY OCCURR WHILE AT WORN NOT WHILE AT 21. I attended the de Death occurred of 22a. SIGNATURE 8. BURIAL, CREMATION REMOVAL (Specify)	IMMEDIATE CAUSE ons, if any, pave rise to cause (e), the under-cause last. DUE TO the rise to cause (e), the under-cause last. DUE TO the rise to cause (e), the under-cause last. DUE TO the rise to cause (e), the under-cause last. DUE TO the rise to cause (e), the under-cause last. DUE TO the rise to cause (e), the under-cause last. DUE TO the rise to cause (e), the under-cause last. DUE TO the rise to cause (e), the under-cause last. DUE TO the rise to cause (e), the under-cause last. DUE TO the rise to cause (e), the under-cause last. DUE TO the under-cause last.	CE OF INJURY (e. p. factory, street, co. p.	ONTRIBUTE DO STRICT OF CONTRIBUTE DO STRICT OF CONTRIB	UTING TO DEATI	W INJURY OCCURR OF. CITY, TOWN, Or date stated above	to the terminal ED. (Enter nature of or LOCATION him all and to the best of the best of the control of the con	PART III. If dithere Linjury in PART I o	eceased was a pregnancy in Inc. TY Trom the causes s 22c. L	female last 90
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STATEMENT BY LICENSED EMBALMER

I herel		is recorded on the reverse side of this certificate was embalmed I				
working unde	r my personal supervision.	Signed Thomas g. Carter				
Studeni	Signature of Student Embalmer	, Signed				
San Spirit		Licensed Embalmer No. 11171				

Note: The above MUST BEXSIGNED 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.