JIVI:	SION OF HEALTH - STANDARD CERTIFICATE  VS SEP 1-5 1960 96	OF DEATH	-60-031704	
1_	Registration District No. 99 Primary Registration District No.	0/8 Registrar's No.	STATE FILE NUMBER	
-	1. PLACE OF DEATH  a. COUNTY  A. COUNTY	2. USUAL RESIDENCE (V	where deceased lived. If institution: Residence be	
	b. CITY (If outside corporate fimits, give TOWNSHIP only) OR TOWN Fishing River)  3 years	ll OR 12	Inside Limi 3 BARD Yes □ No	
	c. FULL NAME OF (If NOT inhospital, give location) HOSPITAL OR INSTITUTION 6 miles southeast of No. 1	d. STREET	(If cutside, give location) Reside on F	
	3. NAME OF DECEASED First Middle  (Type or print)  HENRY LEMUEL	~ I	DATE Month Day Year OF LEATH AUG. 10 1968	
	5. SEX  6. COLOR OR RACE  7. Married   Never Married  Widowed   Divorced	8. DATE OF BIRTH 9.	AGE (last birthday) IF UNDER 1 YEAR IF UNDER 2	
10	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  RETIRED FARMER		d state or country) 12. CITIZEN OF WHAT COUNT  OUNTY  U.S.A.	
- 1 -	3a. FATHER'S NAME 13b. MOTHER'S MAIDEN N	EN SHAWLEY	14. NAME OF HUSBAND OR WIFE  ADDLINE PIERCE	
1:	5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of service) 490-24-472	. 17. INFORMANT	Address	
WEI&I	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	,,,,	INTERVAL BETWO	
COCOME	Conditions, if any, DUE TO (b) AYTENIO-Scleresis			
	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		1	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE disease condition given in PART I (a)	ATH but not related to the t	there a pregnancy in last 90	
CERTIFICATION	19. WAS AUTOPSY 206. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE I PERFORMED? YES   NO 2	HOW IN HERY OGEURRED. (Enter	r nature of injury in PART I or PART II of item 18.)	
AEDICAL	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., étc.)	20f. CITY, TOWN, OR LOCA	ATION COUNTY STAT	
	21. I attended the deceased from 1997 1997 1997 1997 1997 1997 1997 199		saw him alive on 1906 - 650 the best of my knowledge, from the causes stated.	
	22a. SIGNATURE	22b. ADDRESS	22c. DATE SI 8-12	
23	38. BURIAL, CREMATION, 236. DATE 23c. NAME OF TEMETERY OR C REMOVAL (Specify) REMOVAL AUG. 13, 1960 OVER STREET	CEMETERY GR	CATION (City, town, or county) (State)  SEEN CASTLE MISSOU	
( 722 5	TARMAN FUNERAL HOME LAWSON, MO. Se		26. REGISTRAR'S SIGNATURE	

## STATEMENT BY LICENSED EMBALMER

Lieensed Embalmer No.

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed b
or by	, Student Embalmer No
working under my personal supervision.	J. A
StudentStandard Student Embalance	_ Signed Signed Jarma

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 this body is not embalmed, fact should be so stated above.