	VISION OF HEA VS SEP 2 6 1960	042		100	00	004	STATE FILE NU	IMRER
•	Registration District No		nary Registration	District No. 100	Registrar's No.	984	- JAIL FILE INC	
<u> </u>		Buchanan	- · · - · · · · · · · · · · · · · · · ·			CE (Where deceased lives Sourib. COUNTY E		Residence before admission)
	or town St.	Joseph NOT in hospital, give local		Length of stay in 1b 13 Yrs Inside Limits	c. CITY OR TOWN d. STREET	St. Joseph	give location)	Inside Limits Yes ☑ No □ Reside on Farm
		St. Joseph's H	lospital	Yes-15 No 🗆	ADDRESS	2609 Lafay	rette	Yes 🗆 No 🔯
	3. NAME OF DECEASED (Type or print)	MARY		widdle ZABETH	ALIGAIER	DEATH Septem	•	1960
	s. sex Female	6. COLOR OR RACE White	7. Married [Widowed 3	Divorced [8. DATE OF BIRTH 9-21-1867	9. AGE (last birthday) 92	Months Days	Hours Min.
	10a. USUAL OCCUPATION during most of workin HOUSEWIFE 13a. FATHER'S NAME	(Give kind of work done ng life, even if retired)	At Ho	BUSINESS OR INDÚSTR OME OTHER'S MAIDEN NAM	Buchanan		USA	
	Michael Scan	IN U.S. ARMED FORCES?	Ma 16. sc	ary Carroll	17. INFORMANT	Eugene		
 -	(Yes, no, or unknown) (If	yes, give war or dates of	service)		William J.	Allgaier	St. Joseph	
몺	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)							
N.	PART I.		<i></i>	and (c).	~~	- Kips	O	TERVAL BETWEEN NSET AND DEATH
DOCUMENT	Conditio which g above (stating 1	IMMEDIATE CAUSE (a) ons, if any, ave rise to cause (a), the under-) <u> </u>	end (c).	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Miss	IN O	ITERVAL BETWEEN NSET AND DEATH
DOCUM	Conditio which g above (stating 1 lying c	IMMEDIATE CAUSE (a) ons, if any, ave rise to cause (a),	c)	net	H but not related to	the terminal PART	III. If decassed there a pregna	was female wancy in last 90 days
DOCUM	Condition which gradove to stating a stating a stating a stating a stating at the	IMMEDIATE CAUSE (a) ons, if any, ave rise to cause (a), the under- ause last. OTHER SIGNIFICANT C	o)	NTRIBUTING TO DEAT		the terminal PART	III. If decased there a pregna	was female wancy in last 90 days
DOCUM	Condition which grabove stating to lying above stating the lying above stating to lying above stating to lying abo	IMMEDIATE CAUSE (a) ons, if any, lave rise to cause (a), the under- ause last. DUE TO (c OTHER SIGNIFICANT C disease condition given i 20a. ACCIDENT SUICIDI Month, Day, Year	c) CONDITIONS COIN PART I (a)	NTRIBUTING TO DEAT			III. If decased there a pregna	was female wancy in last 90 days
MOCON	Condition which grabove above a stating at lying of the condition of the condition which grabove a stating at lying of the condition of the condition which grabove a stating at least 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 20. TIME OF Hout	IMMEDIATE CAUSE (a) ons, if any, ave rise to cause (a), the under- ause last. OTHER SIGNIFICANT Ci disease condition given i 20s. ACCIDENT SUICIDI Month, Day, Year	c) CONDITIONS COI	20b. DESCRIBE HO		. (Enter nature of injury in	III. If decased there a pregna	was female wancy in last 90 days
DOCUM	Condition which grapove to which grapove	IMMEDIATE CAUSE (a) ons, if any, ave rise to cause (a), the under- ause last. DUE TO (c DIE TO (ONDITIONS COIN PART I (a) E HOMICIDE OF INJURY (e.g. actory, street, of	20b. DESCRIBE HO	W INJURY OCCURRED 201. CITY, TOWN, OR	. (Enter nature of injury in	III. If deceased there a pregna PART I or PART III	was female wancy in last 90 days No Unknow of item 18.)
OF	Condition which go above to which go above to stating a lying of the condition which go above to white and the condition which go above the condition which go	IMMEDIATE CAUSE (a) ons, if any, ave rise to cause (a), the under- ause last. DUE TO (couse last.) OTHER SIGNIFICANT Couse condition given in the under- 20a. ACCIDENT SUICIDITY Month, Day, Year 9 4 20a. PLACE form, work	ONDITIONS COIN PART I (a) E HOMICIDE OF INJURY (e.g. actory, street, of	20b. DESCRIBE HO	w INJURY OCCURRED 20f. CITY, TOWN, OR Lance date stated above, a 22b. ADDRESS	LOCATION d last saw her alive on— and to the best of my kno	COUNTY COUNTY	was female was ney in last 90 days of item 18.) STATE STATE auses stated.
	Condition which go above to which go above to which go above to stating a stating at the stating of the stating	IMMEDIATE CAUSE (a) ons, if any, ave rise to cause (a), the under-ause last. DUE TO (couse (a), the under-ause last. DUE TO (ONDITIONS COLOR PART I (e) E HOMICIDE OF INJURY (e.g. actory, street, of the control of the color of the co	20b. DESCRIBE HOOF CEMETERY OR CRE	w INJURY OCCURRED 20f. CITY, TOWN, OR 20f. and and and and and 22b. ADDRESS MATORY 2	LOCATION d last saw her alive on and to the best of my known and LOCATION (City, tow Easton, Mo.	COUNTY COUNTY	was female wancy in last 90 days No Unknown of item 18.)

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Signed Robert & Maple
Signature of Student Embalmer	
	Licensed ambalmer No. 3308
•	P. O. Address St. Joseph, M

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