ED \	VS SEP 2 6 196 Registration District No	ひょつ ~2			-7 .		_ ()/ ~	١	STATE FILE N	UMBER
Ĭ _	Registration District No	128	_Primary Registr	ation Distr	rict No.	Registrar's No	7-6-2			
- -). PLACE OF DEATH					2. USUAL RESIDE	NCE (Where de	ceased lived.	. If institution:	Residence before
	a. COUNTY Green	•				a. STATE MO	ь. с	ounty Gre	ene	admission)
1 -	 b. CITY (If ourside cor 	rporate limits, give TC	OWNSHIP only)	Leng	gth of stay in 1b	c. CITY		<u> </u>	<u> </u>	Inside Limits
	OR TOWN					OR TOWN C_	-inafial	a		Yesta No []
I —	c. FULL NAME OF THE	ingfield NOT in hospital, give	(ocation)	1.0	hrs Inside Limits	d. STREET	<u>ringfiel</u>	<u>.ध.</u> f cutside, gi	ve location)	Reside on Farm
ł	c. FULL NAME OF (IF HOSPITAL OR INSTITUTION				Yes-127 No □	ADDRESS				Yes □ No 🗷
-	Bu	<u>rge Protesi</u>	tant			1	<u> 124 Coll</u>	<u>ege St</u>	•	1
-:	3. NAME OF DECEASED (Type or print)	First		Middl	e	Last	4. DATE OF	Mont	h Day	Year
	(Type or print)	Helen 🗔	لل در در در ا	lizab	eth	Acton	DEATH	Septem	be r 17	1960
_	5. SEX	6. COLOR OR RAC			Never Married	8. DATE OF BIRTH	9. AGE (last	birthday)	IF UNDER 1 YEA	R IF UNDER 24 J
	Female	White	Widov		Divorced 🔲	6/6/1900	60		Months Days	Hours Min
10	0a. USUAL OCCUPATION		lone 10b, KIND	OF BUSIN	VESS OR INDUSTRY	Y 11. BIRTHPLACE			12. CITIZEN OF	WHAT COUNTRY
i	during most of working	g life, even if retired					•			
	HOUSEWIT 3a. FATHER'S NAME	<u>e</u>	1 12	Non	C R'S MAIDEN NAM	<u> Fair Pl</u>	ау, Мо	NAME OF UI	USA ISBAND OR WIF	-
1.	38. PATRICK S NAME		"	D. MOTHE	K 3 MONIDER HAM	L	'*.	NAME OF HE	SBAND OR WIF	-
_	Joseph M	iller		Ha	nnah Coff L SECURITY NO.	ee	<u> </u> <u>H</u>	larvey _a	H. Acton	
	5. WAS DECEASED EVER Yes, no, or unknown) [(If			S. SOCIAL	L SECURITY NO.	7. INFORMANT		- Ac	dress	
١,,	162, 110, OI BIRLIOWIN J (11		S OF SETVICE!							
	No	yes, give war or date None	s of service)	491/	03/0367	Burge Hos	pital	Sprin	efield.	Mo
	NO 18. CAUSE OF DEATH	None (Enter only one cause	per line for (a)	491/ , (b), and (′03/0367 ^{(a).}	Burge Hos	pital	Sprin	gfield.	ITERVAL BETWEEN
	NO 18. CAUSE OF DEATH	None (Enter only one cause DEATH WAS CAUSED	per line for (a). D BY:	491/ , (b), and ((03/0367 (c).	Burge Hos	pital	Sprin	· 7 //	MO HERVAL BETWEEN INSET AND DEATH
	NO 18. CAUSE OF DEATH PART 1.	Very give war or date None (Enter only one cause DEATH WAS CAUSEI IMMEDIATE CAUS	per line for (a). D BY:	491/ , (b), and ((03/0367 Lel He	Burge Hos	pital	Sprin	· 7 //	ITERVAL BETWEEN
	NO 1 18. CAUSE OF DEATH PART I.	None (Enter only one cause DEATH WAS CAUSED IMMEDIATE CAUS	per line for (a), D BY: SE (a)	491/ , (b), and ((03/0367 Lel He	Burge Hos	pital	Sprin	· 7 //	ITERVAL BETWEEN
7	NO 1 18. CAUSE OF DEATH PART 1. Condition	None (Enter only one cause DEATH WAS CAUSE) IMMEDIATE CAUS INS, if eny, DUE 1	per line for (a). D BY:	491/ (6), and (rebu	(03/0367 Lel He bul	much ateri	pital ugu actus	Sprin	· 7 //	ITERVAL BETWEEN
3	NO 1 18. CAUSE OF DEATH PART I. Condition which go	None (Enter only one cause DEATH WAS CAUSEI IMMEDIATE CAUS Ins, if any, ave rise to cause {a},	per line for (a), D BY: SE (a)	491/ (b), and ((03/0367 cel He bral	much ateri	pital ugu	Sprin	· 7 //	ITERVAL BETWEEN
7	NO 18. CAUSE OF DEATH PART I. Condition which go above constrained at the state of	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS INS. if eny, ave rise to cause (a), the under-	per line for (a), D BY: SE (a)	491/ (b), and (reb	(03/0367 cel He bral	much ateri	pital ugu	Sprin	· 7 //	ITERVAL BETWEEN
, NC	NO 18. CAUSE OF DEATH PART 1. Condition which go above constitute the stating of lying constitute the stating of the stating	IMMEDIATE CAUSE IMMEDI	TO (c)	CONTRIE	bral	much arterio	edi.	wa.2). If deceased	Vas female v
ATION	NO 18. CAUSE OF DEATH PART 1. Condition which go above constitute the stating of lying constitute the stating of the stating	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS INS. if eny, see rise to cause (a), the under- euse (ast.) DUE	TO (c)	CONTRIE	bral	much arterio	edi.	wa.2	I. If deceased there a pregn.	Was female vency in last 90 de
FICATION	NO 18. CAUSE OF DEATH PART 1. Condition which go above condition stating to lying condition PART 11.	IMMEDIATE CAUSE IMMEDIATE CAUS INS, if eny, see rise to cause (a), the under- ause last. DUE OTHER SIGNIFICAN disease condition gi	TO (c)	CONTRIE	BUTING TO DEAT	aterio	ugl	PART III	If deceased there a pregn.	was female vency in last 90 da
RTIFICATION	NO 18. CAUSE OF DEATH PART 1. Condition which go above condition stating to lying condition PART 11.	IMMEDIATE CAUSE IMMEDI	TO (c)	CONTRIE	BUTING TO DEAT	much arterio	ugl	PART III	If deceased there a pregn.	was female vency in last 90 da
CERTIFICATION .	NO 18. CAUSE OF DEATH PART 1. Condition which go above constitute the stating of lying constitute the stating of the stating	IMMEDIATE CAUSE IMMEDIATE CAUS INS, if eny, see rise to cause (a), the under- ause last. DUE OTHER SIGNIFICAN disease condition gi	TO (c)	CONTRIE	BUTING TO DEAT	aterio	ugl	PART III	If deceased there a pregn.	was female vency in last 90 da
	In the second se	IMMEDIATE CAUSE IMMEDI	TO (c) TO (c) TO (c) TO (c) TO (d) TO (d) TO (e) TO (e) TO (e)	CONTRIE	BUTING TO DEAT	aterio	ugl	PART III	If deceased there a pregn.	was female vency in last 90 da
	NO 18. CAUSE OF DEATH PART 1. Condition which go above stating to lying condition PART 11. 19. WAS AUTOPSY PERFORMED? YES NO IS	IMMEDIATE CAUSE IMMEDIATE CAUS	TO (c) TO (c) TO (c) TO (c) TO (d) TO (d) TO (e) TO (e) TO (e)	CONTRIE	BUTING TO DEAT	aterio	ugl	PART III	If deceased there a pregn.	was female vency in last 90 da
MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART 1. Condition which go above of stating to lying of PART 11. 19. WAS AUTOPSY PERFORMED? YES NO STATE OF Hour INJURY a.m., p.m.	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IN, if eny, sve rise to cause (a), the under- ause (ast.) OTHER SIGNIFICAN disease condition gi Month, Day, Year	TO (c)	CONTRIE	BUTING TO DEATH	aterio	o the terminal	PART III	If deceased there a pregn.	was female vency in last 90 da
	18. CAUSE OF DEATH PART 1. Condition which go above of stating to lying of PART 11. 19. WAS AUTOPSY PERFORMED? YES NO STATE OF Hour INJURY a.m., p.m.	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IN, if eny, sve rise to cause (a), the under- ause (ast.) OTHER SIGNIFICAN disease condition gi Month, Day, Year	TO (c)	CONTRIE	BUTING TO DEATH	Muteus H but not related to	o the terminal	PART III	i. If decessed there a pregn	was female vency in last 90 de (No Unknow) of item 18.)
	Is. CAUSE OF DEATH PART I. Condition which go above constituting to stating	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IN, if eny, ever rise to cause (a), the under- euse (ast.) OTHER SIGNIFICAN disease condition gi 20a. ACCIDENT SU Month, Day, Year OTHER SIGNIFICAN Month, Day, Year	TO (b) TO (c) TO (c) TO (c) TO (d) TO (d) TO (d) TO (e)	CONTRIE	BUTING TO DEATH	Muteus H but not related to	o the terminal D. (Enter nature of	PART III	I if deceased there a pregn. Yes ART I or PART I	was female vancy in last 90 de No Unknot I of item 18.)
	18. CAUSE OF DEATH PART 1. Condition which go above of stating to lying of PART 11. 19. WAS AUTOPSY PERFORMED? YES NO STATE OF Hour INJURY a.m., p.m.	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IN, if eny, sve rise to cause (a), the under- suse (ast.) OTHER SIGNIFICAN disease condition gi 20a. ACCIDENT SU Month, Day, Year VORK	TO (b) TO (c) TO (c)	(e.g., in et, office b	BUTING TO DEATH	H but not related to	o the terminal D. (Enter nature of the control of	PART III	i. If decessed there a pregn	was female vancy in last 90 de No Unknot I of item 18.)
	18. CAUSE OF DEATH PART 1. Condition which go above a stating to lying condition which go above a stating to lying condition which go above a stating to lying condition which go and the local lying condition which was a subject to live and the local lying and lying	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IN, if eny, sve rise to cause (e), the under- suse (ast.) OTHER SIGNIFICAN disease condition gi 20a. ACCIDENT SU Month, Day, Year VORK 20e. Pl fa	TO (b) TO (c) NT CONDITIONS Ven in PART I (a) LACE OF INJURY orm, factory, street	CONTRIE	BUTING TO DEATH	H but not related to	o the terminal D. (Enter nature of the control of	PART III	i. If deceased there a pregn. Yes S ART or PART	was female vency in last 90 de (No Unknot) of item 18.)
	18. CAUSE OF DEATH PART 1. Condition which ge above of stating to lying of PART 11. 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY a.m., p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT W	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IN, if eny, sve rise to cause (e), the under- suse (ast.) OTHER SIGNIFICAN disease condition gi 20a. ACCIDENT SU Month, Day, Year VORK 20e. Pl fa	TO (b) TO (c) NT CONDITIONS EVEN IN PART I (a) TO (c)	(e.g., in a tr, office b	BUTING TO DEATH	H but not related to W INJURY OCCURRENCE 201. CITY, TOWN, O	o the terminal D. (Enter nature of the control of	PART III	i. If deceased there a pregn. Yes S ART or PART	was female vancy in last 90 da No Unknow To item 18.)
	18. CAUSE OF DEATH PART 1. Condition which go above a stating to lying condition which go above a stating to lying condition which go above a stating to lying condition which go and the local lying condition which was a subject to live and the local lying and lying	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IN, if eny, sve rise to cause (e), the under- suse (ast.) OTHER SIGNIFICAN disease condition gi 20a. ACCIDENT SU Month, Day, Year VORK 20e. Pl fa	TO (b) TO (c) TO (c)	(e.g., in a tr, office b	BUTING TO DEATH	H but not related to W INJURY OCCURRENT 201. CITY, TOWN, O pre 9/12/for e date stated above, 22b. ADDRESS	o the terminal D. (Enter nature of the control of	PART III	i. If deceased there a pregn. Yes S ART or PART	was female vency in last 90 de (No Unknot) of item 18.)
WEDICAL	18. CAUSE OF DEATH PART 1. Condition which ge above of stating t lying of PART 11. 19. WAS AUTOPSY PERFORMED? YES □ NO IS 20c. TIME OF Hour INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK SIGNATURE 22a. SIGNATURE	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IN, if eny, sve rise to cause (a), the under- suse (ast.) OTHER SIGNIFICAN disease condition gi Month, Day, Year WORK 20e. Pl fa	TO (b) TO (c) TO (c)	(e.g., in a et, office b	BUTING TO DEATI	H but not related to W INJURY OCCURRENT 201. CITY, TOWN, O Pla 9/17/or e date stated above, 22b. ADDRESS / 6 3 0 A	o the terminal D. (Enter nature of the location) R. LOCATION and last saw her him and to the best	PART III of Injury in P	COUNTY COUNTY COUNTY COUNTY	was female vancy in last 90 de No Unknow I of item 18.) STATE auses stated.
WEDICAL	18. CAUSE OF DEATH PART 1. Condition which go above of stating of lying of stating of lying of stating of stating of lying	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IN, if eny, sve rise to cause (a), the under- suse (ast.) OTHER SIGNIFICAN disease condition gi Month, Day, Year WORK 20e. Pl fa	TO (b) TO (c) TO (c)	(e.g., in a et, office b	BUTING TO DEATH	H but not related to W INJURY OCCURRENT 201. CITY, TOWN, O Pla 9/17/or e date stated above, 22b. ADDRESS / 6 3 0 A	o the terminal D. (Enter nature of the control of	PART III of Injury in P	i. If deceased there a pregn. Yes S ART or PART	was female vancy in last 90 da No Unknow To item 18.)
WEDICAL	18. CAUSE OF DEATH PART 1. Condition which ge above of stating t lying of PART 11. 19. WAS AUTOPSY PERFORMED? YES □ NO IS 20c. TIME OF Hour INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK SIGNATURE 22a. SIGNATURE	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IN, if eny, sve rise to cause (a), the under- suse (ast.) OTHER SIGNIFICAN disease condition gi Month, Day, Year WORK 20e. Pl fa	TO (b) TO (c) TO (c)	(e.g., in et, office b	BUTING TO DEATI	H but not related to W INJURY OCCURRENT 20f. CITY, TOWN, O Pun 9/17/ar e date stated above, 22b. ADDRESS / 6 3 D A MATORY	o the terminal D. (Enter nature of the LOCATION and last saw her) and to the best condition of the best condi	PART III of injury in P	COUNTY COUNTY COUNTY COUNTY COUNTY	was female vancy in last 90 de No Unknow I of item 18.) STATE auses stated.
MEDICAL	18. CAUSE OF DEATH PART 1. Condition which go above stating to lying condition which go above stating to lying condition which go above stating to lying condition white stating to lying condition which go above stating to lying condition white stating to lying condition white stating lying condition white stating lying condition white stating lying condition white stating lying lying condition white stating lying lying condition white stating lying condition white stating lying lying condition white stating lying lying condition white stating lying ly	None (Enter only one cause DEATH WAS CAUSE! IMMEDIATE CAUS IMMEDIATE CAUS IN, if any, sve rise to cause (a), the under- nuse (ast.) OTHER SIGNIFICAN disease condition gi 20a. ACCIDENT SU Month, Day, Year PORK 20e. PL fa	TO (b) TO (c) TO (c)	(e.g., in et, office b	BUTING TO DEATH 20b. DESCRIBE HOW or about home, 20dg., etc.) m on the CEMETERY OR CRE kard Ceme	H but not related to W INJURY OCCURRENT 20f. CITY, TOWN, O Pun 9/17/ar e date stated above, 22b. ADDRESS / 6 3 D A MATORY	o the terminal D. (Enter nature of the LOCATION and last saw her her him and to the best condition) Fai	PART III of Injury in P	COUNTY COUNTY COUNTY COUNTY COUNTY	was female vancy in last 90 da (No Unknot) of item 18.) STATE auses stated. 22c. DATE SIGN

Licensed Embalmer No. 4471

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re-	corded on the reverse side of this certificate was embalmed by
.f or by	, Student Embalmer No
0, 0,	<u> </u>
working under my personal supervision.	
Ča., dana	Signed Saul & Butler
StudentSignature of Student Embalmer	Signiou

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

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.