_  =	1 P	LACE OF DEATH	·			2. USUAL RESI	ENCE (Where dece	ased lived. If instit	tution: Residence be
		. COUNTY	Worth			a. STATE	<u>і́</u> ь. со	UNTY Woth	admission
-	Ь	OR (If outside cor	rporate limits, give 10	WNSHIP only)	Length of stay in	n 1b c. CITY OR	sour <sup>K</sup> ——	<del></del>	Inside Lin
1	TOWN Allen TWD 20 Yrs					II	enver Miss	ouri	Yes 🗋 Ne
	c.	. FULL NAME OF (IF	NOT in hospital, give		Inside Lim	d. STREET ADDRESS.	(If c	outside, give location	.   Van 173 Ni
] =	- A	NAME OF DECEASED	Mi East of	Denver,	MO		Mi east o		MO 1
		Type or print)			Middle	Last	4. DATE OF	Month	Day Yea
_			RUTH		ELVINA	THRASHER	DEATH	Oct 29,I	
	5. SI	ex Female	6. COLOR OR RACE White	7. Married Widowed		. = I <sup>.</sup>	rh 9. AGE (last b 1950 51		Days Hours
7			(Give kind of work do		OF BUSINESS OR IND	USTRY 11. BIRTHPLAC	E (Eity and state or	country) 12. CITIZE	EN OF WHAT COUN
I _			is life, even if retired)			Denve		United	
יו	136. FATHER'S NAME 136. MOTHER'S MAIDE				MOTHER'S MAIDEN	NAME	14, NA	AME OF HUSBAND OF	R WIFE
l_		SAMUEL PAI			ETHEL JONE		CHES	TER THRASH	ER
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, go, or unknown) (If yes, give war or dates of service)  None						wi	Address	
I _`		,			Vone	Chester	Thrasher D	enver, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									INTERVAL BETV
			IMMEDIATE CAUS	<b>+</b>	ILITY A	ND INA	VITION	>	1 May
l	į			<b>+</b>	THITY A	-			[Maxi
		Conditio	IMMEDIATE CAUSI	<b>+</b>	CHOBLA	-			1 MONT
		Condition which ga above c	IMMEDIATE CAUSI ons, if any, ave rise to cause (a), }	E (a) DEB	PHOBLA	-	WITION METASI		1 MONT
		Condition which gas above contributions	IMMEDIATE CAUSI ons, if any, ave rise to (a), the under-	E (a) DEB	PHTY A OHOBIA DIASTIA	-			1 MONT
NO		Condition which go above of stating t lying or	IMMEDIATE CAUSI ons, if any, ave rise to cause (a), the under- ause last. Due T	TO (c) <u>DEB</u> TO (c) <u>ME</u> IT CONDITIONS C	PHTY A PHOBLA DIASTIA	-	METASI 9/V	PART III. If dece	1 MOV?
ATION		Condition which go above of stating t lying or	IMMEDIATE CAUSI ons, if any, ave rise to cause (a), the under- ause last. Due T	TO (c) <u>DEB</u> TO (c) <u>ME</u> IT CONDITIONS C	PHTY A PHOBLA DIASTIA	STOMA A	METASI 9/V	PART III. If dece	12 Man 1  12 Man 1  12 Man 1  12 Man 1  13 Man 1
IFICATION	I —	Condition which gas above to stating a lying carp PART II.	IMMEDIATE CAUSI  Ins, if any, ave rise to cause (a), the under-ause last. Due To DUE T	TO (b) LYMP TO (c) ME IT CONDITIONS C ven in PART I (a)	PHOBLA DIASTIN CONTRIBUTING TO	STOMA DRI	PETASI 2/2 to the terminal	PART III. If dece there a	12 Man 1  12 Man 2  12 Man 2  12 Man 2  12 Man 2  13 No Un
<u> </u>	I —	Condition which go above to stating the lying confidence of the last of the la	IMMEDIATE CAUSI  Ins., if any, ave rise to cause (a), the under- ause last. Due To the under- ause last. Suit ause last. Due To the under- ause last. Due To the	TO (c) <u>DEB</u> TO (c) <u>ME</u> IT CONDITIONS C	PHOBLA DIASTIN CONTRIBUTING TO	STOMA A	PETASI 2/2 to the terminal	PART III. If dece there a	12 Man 1  12 Man 2  12 Man 2  12 Man 2  12 Man 2  13 No Un
CERTIF	19.	Condition which gas above to stating it flying to PART II.  7. WAS AUTOPSY PERFORMED? YES NO RE	IMMEDIATE CAUSI Ins., if any, ave rise to cause {a}, the undersuse [ast.]  OTHER SIGNIFICAN disease condition giv	TO (b) LYMA TO (c) ME IT CONDITIONS C ven in PART I (a)	PHOBLA DIASTIN CONTRIBUTING TO	STOMA DRI	PETASI 2/2 to the terminal	PART III. If dece there a	12 Man 1  12 Man 2  12 Man 2  12 Man 2  12 Man 2  13 No Un
CAL CERTIF	19.	Condition which go above to stating the stating the stating the stating that the stating th	IMMEDIATE CAUSIONS, if any, ave rise to cause (a), the undersure last. DUE TOTHER SIGNIFICAN disease condition giv	TO (b) LYMA TO (c) ME IT CONDITIONS C ven in PART I (a)	PHOBLA DIASTIN CONTRIBUTING TO	STOMA DRI	PETASI 2/2 to the terminal	PART III. If dece there a	12 Man 1  12 Man 2  12 Man 2  12 Man 2  12 Man 2  13 No Un
CERTIF	20	Condition which go above to stating the part II.  PART II.  WAS AUTOPSY PERFORMED? YES NO PART III.  OC. TIME OF Hour INJURY a.m. p.m.	IMMEDIATE CAUSI uns, if any, ave rise to cause (a), the under- ause last. Due To Due T	TO (b) LYMY TO (c) ME IT CONDITIONS Coven in PART I (a)	PHOBIA  CONTRIBUTING TO  E 20b. DESCRIBI	STOMA  DEATH but not related  E HOW INJURY OCCURR	TO the terminal	PART III. If decenthere a	# MON?  4 MON?  12 MON?  12 MON?  12 MON?  12 MON?  12 MON?  13 MON Un  2ART II of item 18.)
CAL CERTIF	20	Condition which get above to stating at the stating	IMMEDIATE CAUSI  Ins, if any, ave rise to cause (a), the under-ause last.  OTHER SIGNIFICAN disease condition giv  20a. ACCIDENT SUI  Month, Day, Year	TO (b) LYMY TO (c) ME IT CONDITIONS Coven in PART I (a)	PHOBIA  DIASTIA  CONTRIBUTING TO  E 20b. DESCRIBI	STOMA  DEATH but not related  E HOW INJURY OCCURR	TO the terminal	PART III. If dece there a	12 Man 1  12 Man 2  12 Man 2  12 Man 2  12 Man 2  13 No Un
CAL CERTIF	20	Condition which go above to stating a lying compared to the part II.  7. WAS AUTOPSY PERFORMED? YES NO MED CONTROL TIME OF HOUR INJURY A-m. p.m.	IMMEDIATE CAUSI  Ins, if any, ave rise to cause (a), the under-ause last.  OTHER SIGNIFICAN disease condition giv  20a. ACCIDENT SUI  Month, Day, Year	TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ACE OF INJURY (c)	PHOBIA  DIASTIN  CONTRIBUTING TO  E 20b. DESCRIBI  e.g., in or about home office bldg., etc.)	DEATH but not related E HOW INJURY OCCURR THE, 20f. CITY, TOWN,	to the terminal ED. (Enter nature of	PART III. If december a PART I or P	# MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   13 MONT   14 MONT   14 MONT   15 MONT
CAL CERTIFICATION	20	Condition which get above to stating at the stating	IMMEDIATE CAUSIONS, if any, ave rise to cause (a), the undersuse last. DUE TO D	TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ACE OF INJURY (c)	PHOBIA  DIASTIN  CONTRIBUTING TO  E 20b. DESCRIBI  e.g., in or about home office bldg., etc.)	STOMA  DEATH but not related  E HOW INJURY OCCURR	to the terminal ED. (Enter nature of	PART III. If december a PART I or P	# MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   13 MONT   14 MONT   14 MONT   15 MONT
CAL CERTIFICATION	20	Condition which gas above to staining it flying to part II.	IMMEDIATE CAUSIONS, if any, ave rise to cause (a), the undersuse last. DUE TO D	TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ACE OF INJURY (c)	PHOBIA  DIASTIA  CONTRIBUTING TO  E 20b. DESCRIBI  e.g., in or about hom office bidg., etc.)	DEATH but not related E HOW INJURY OCCURR THE, 20f. CITY, TOWN,	to the terminal  ED. (Enter nature of OR LOCATION  and last saw her aligned	PART III. If decenthere a PART I or	12 MONT  12 MONT  12 MONT  12 MONT  12 NO Un  PART II of item 18.)
CAL CERTIFICATION	20.	Condition which go above to stating a lying care part ii.  PART II.  PART II.  PART II.  THE OF Hour INJURY A.m. p.m. D. TIME OF WHILE AT WORK NOT	IMMEDIATE CAUSI  Ins, if any, ave rise to cause (a), the under-ause last.  OTHER SIGNIFICAN disease condition giv  20a. ACCIDENT SUI  Month, Day, Year  20b. PL  Grand Communication of the under-ause last.	TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ABOUT ON TO (c) ACE OF INJURY (c)	PHOBIA  DIASTIA  CONTRIBUTING TO  E 20b. DESCRIBI  e.g., in or about hom office bidg., etc.)	DEATH but not related E HOW INJURY OCCURR  1e, 20f. CITY, TOWN,	to the terminal  ED. (Enter nature of OR LOCATION  and last saw her aligned	PART III. If decenthere a PART I or	12 MONT  12 MONT  12 MONT  12 MONT  12 NO Un  PART II of item 18.)
MEDICAL CERTIFICATION	20.	Condition which gas above to stating if stating if lying at the stating of the st	IMMEDIATE CAUSI  Ins, if any, ave rise to cause (a), the under-ause last.  OTHER SIGNIFICAN disease condition giv  20a. ACCIDENT SUI  Month, Day, Year  20b. PL  Grand Communication of the under-ause last.	TO (b) LYMP TO (c) ME TO (	PHOBIA  DIASTIA  CONTRIBUTING TO  E 20b. DESCRIBI  e.g., in or about hom office bidg., etc.)	DEATH but not related E HOW INJURY OCCURR  The, 20f. CITY, TOWN, The date stated above 22b. ADDRESS	to the terminal  ED. (Enter nature of OR LOCATION  and last saw her aligned	PART III. If decenthere a PART I or	# MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   13 MONT   14 MONT   15 MONT
MEDICAL CERTIFICATION	200	Condition which go above to stain of the part in.  PART II.  WAS AUTOPSY PERFORMED? YES NO MEDICAL NOT WHILE AT WORK NOT	IMMEDIATE CAUSI  Ins., if any, ave rise to cause (a), the under-ause last.  OTHER SIGNIFICAN disease condition giv  Month, Day, Year  DUE TO D	TO (b) LYMINTO (c) LIT CONDITIONS COVER IN PART I (a) CICIDE HOMICIDI (C) ACE OF INJURY (c) mm, factory, street, (C) Type or title)	PHOBIA  DIASTIM  EDIASTIM  EDIASTIM	DEATH but not related  E HOW INJURY OCCURR  THE, 20H. CITY, TOWN,  THE date stated above  22b. ADDRESS  G-RAW 7	to the terminal  ED. (Enter nature of OR LOCATION  and last saw her alipe, and to the best of	PART III. If decenter a large injury in PART I or P  COUNTY  we on CCT 23  my knowledge, from	# MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   13 MONT   14 MONT   15 MONT
MEDICAL CERTIFICATION	20. 20. 21. 22.	Condition which gas above to stain of the st	IMMEDIATE CAUSI  Ins., if any, ave rise to cause (a), the under-ause last.  OTHER SIGNIFICAN disease condition giv  Month, Day, Year  DUE T  20a. ACCIDENT SUI  Month, Day, Year  ED 20e. PL/far  VORK   20e. PL/far	TO (b) LYM TO (c) ME TO (c	CONTRIBUTING TO  E 20b. DESCRIBITION  Office bldg., etc.)  ME OF CEMETERY OF	DEATH but not related  E HOW INJURY OCCURR  THE, 20f. CITY, TOWN,  THE date stated above  22b. ADDRESS  GRAW 7	to the terminal  ED. (Enter nature of  OR LOCATION  and last saw her aller, and to the best of	PART III. If decenthere a property in PART I or Part I o	# MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   13 MONT   14 MONT   15 MONT
MEDICAL CERTIFICATION	200 200 21. 22.	Condition which gas above condition which gas above condition which gas above conditions above conditions above conditions above conditions above conditions above conditions are conditions.  PART II.  PART	IMMEDIATE CAUSI  Ins., if any, ave rise to cause (a), the under-ause last.  OTHER SIGNIFICAN disease condition giv  Month, Day, Year  WORK   20e. PL/far   20c. PL/far   23b VATE   23b VATE   20v. I 9 I 9	TO (b) LYM TO (c) ME TO (c	E 20b. DESCRIBI	DEATH but not related  E HOW INJURY OCCURR  THE, 20f. CITY, TOWN,  THE date stated above  22b. ADDRESS  GRAW 7	to the terminal  ED. (Enter nature of  OR LOCATION  and last saw her alice, and to the best of  23d. LOCATION (C. Denver,	PART III. If decenthere a property in PART I or Part I o	# MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   12 MONT   13 MONT   14 MONT   15 MONT

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The Committee	and the second of	CORC
	I hereby certify that the body whose page is record	ded on the reverse side of this certificate was embalmed by
<b>€</b> ÷	or by	, Student Embalmer No
	working under my personal supervision.	
	Student	Signed John Andrews
	Signature of Student Embalmer	1/2 1/

The same of the same

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.