	DEC		19	-				1 - 1	•		40-		0-04	NUMBER
1 -	Registrat	ion District No.	47		Primary	Registration	District	No & d	Registrar's	No	49	-		
-1 -	1. PLAC	E OF DEATH										ed lived.	. If institutio	on: Residence be
I			lay						a. STATE Mi	ssour	i. cou	TY F	?av	admission
l	b. С	ITY (If outside OR					Length	of stay in 1b	c. CITY OR			-		Inside Lim
I_	TC	OWN H		ond T		nip	8 0	days	TOWN 9	mile	s SW	Ric	hmond	Yes 🗆 No
	c. FU	ILL NAME OF ( OSPITAL OR	If NOT in	hospital, give	e location)			nside Limits	d. STREET ADDRESS		(If ou	rtside, gi	ve location)	Reside on F
l_	in In	ISTITUTION	Ray	Count	у Но	spita	1   Y	es D No D	II	miles	s SW	Rich	mond,	Mo You DX No
-		E OF DECEAS	ED	First		<del></del> ,	Middle		Last	4. D/		Mont	h Da	y Year
	(Туре	or print)	Dan	iel		Smith	ı	Holl	OWS IT	DE	ATH Dec	emb	er l,	196
l -	5. SEX		16.50	OLOR OR RAC		Married D		er Married 🕍						EAR IF UNDER
		ale		ite	·   /	Widowed [		Divorced	10-15-1		78		Months Day	
-		AL OCCUPATION			done 10t	, KIND OF	BUSINES	S OR INDUSTR	Y 11. BIRTHPLAC			untry)	12. CITIZEN	OF WHAT COUN
1	durin	na most of wor								• ,		· · · · ·		
7	ァはI 13a.FATH	ming		<del></del>	L_	13b. M	OTHER'S	MAIDEN NAM	_l	<u> [1850]</u>	<u> 11'1</u>   14. NAA	AE OF HI	USA ISBAND OR W	/IFE
Ι.			Joll o	N. 10.77			_				l		_	_
		DECEASED EV			RCES2			Anne	Priest		nev		narrie Idress	u
(	(Yes, no,	or nuknowu)				ce) .		_	l		net ii i	-		a >=
1 -	No.	AUSE OF DEA	TM /Fote:					<del>-6733</del>	Charles	rro;	LIITT	<u>, п</u>	rcumon	C. MO.
1	'0. '	TOOL OL DEV			te ner line									
			tMA	ONLY ONE CAUSE	USE (a)	for (a), (b),	and (c).	~!	Vasu	1 av	Ac	a/E	mb	ONSET AND DE
		Condi which above stating		MEDIATE CAU	USE (e)	tor (a), (b),	and (c).	<u>~</u>	Vasu	lar	Ae.	e/E	mb	ONSET AND DE
		Condi which above stating lying	tions, if an gave rise cause (a the under cause la:	MEDIATE CAU	USE (a)	ITIONS CO		ING TO DEAT	H but not related			PART III	I. If decease there a pre-	ONSET AND DE
		Condi which above stating lying PART	tions, if an gave rise cause (a the under cause la:	DUE to by, errst. DUE	E TO (c)	ITIONS CO.	NTRIBUTI		H but not related	to the tel	minal	PART III	i. If decease there a pre	d was female grancy in last 90
		Condi which above stating lying PART	tions, if an gave rise cause (a the under cause la:	DUE to by, errst. DUE	E TO (c)	ITIONS CO	NTRIBUTI			to the tel	minal	PART III	i. If decease there a pre	d was female grancy in last 90
AL CERTIFICATION	19. V	Condi which above stating lying PART WAS AUTOPSY PERFORMED?	tions, if an gave rise cause (ag the under cause la:  H. OTHER disease	DUE to ob, ob, ob, ob, ob, ob, ob, ob, ob, ob	E TO (c)ANT COND	ITIONS CO.	NTRIBUTI		H but not related	to the tel	minal	PART III	i. If decease there a pre	d was female grancy in last 90
CERTIFICATION	19. V	Condi which above stating lying PART  VAS AUTOPSY PERFORMED? (ES   NO PORTION NO PART	tions, if an gave rise cause (ag the under cause last disease la la la last dis	MEDIATE CAU  TO a), err- st.  DUE R SIGNIFICA a condition g	E TO (c)ANT COND	ITIONS CO.	NTRIBUTI		H but not related	to the tel	minal	PART III	i. If decease there a pre	d was female grancy in last 90
MEDICAL CERTIFICATION	19. v P Y 20c. T II	Condi which above stating lying PART  VAS AUTOPSY PERFORMED? (ES   NO POTENTIAL NO	tions, if an gave rise cause (a gave rise cause (a gave rise disease).  H. OTHER disease  20a. AC	MEDIATE CAU  ny, DUE to a), er- st. DUE R SIGNIFICA a condition g  CCIDENT SI	USE (e)  E TO (c)  ANT COND given in PA	ITIONS CO.	NTRIBUTI 20b.	DESCRIBE HO	H but not related	to the ter	minal nature of in	PART III	i. If decease there a pre	d was female grancy in last 90
	19. v P Y 20c. T	Condi which above stating lying PART  WAS AUTOPSY ERFORMED?  IME OF Ho NJURY OCCUMENT P.F.	tions, if an gave rise cause (sg the under cause list.)  11. OTHER disease  20a. AC	MEDIATE CAU  ny, to o), er- st. DUE R SIGNIFICA e condition g  CCIDENT SI	E TO (c)	ITIONS CO.	NTRIBUTI	DESCRIBE HO	H but not related	to the ter	minal nature of in	PART III	i. If decease there a pre	d was female grancy in last 90
CERTIFICATION	19. v P Y 20c. T	Condi which above stating lying PART  WAS AUTOPSY PERFORMED? YES NO 25  IME OF HONJURY a.r. p.r.	tions, if an gave rise cause (sg the under cause list.)  11. OTHER disease  20a. AC	MEDIATE CAU  ny, to o), er- st. DUE R SIGNIFICA e condition g  CCIDENT Si  nth, Day, Yea	E TO (c)  ANT COND Given in PA  UICIDE  PLACE OF I	HOMICIDE	NTRIBUTI	DESCRIBE HO	H but not related	to the ter	minal nature of in	PART III	I. If decease there a preting a preting a preting a preting and a preting and a preting and a preting a pr	d was female grancy in last 90  No Unit of item 18.)
CERTIFICATION	19. V P Y Y 20c. T II	Condi which above stating lying PART  WAS AUTOPSY ERFORMED? ERFORMED? IME OF Ho NJURY OCCUMENT P.F.	tions, if an gave rise cause (aggreen in the	MEDIATE CAU  TO,  To,  To,  To,  To,  To,  To,  To,	E TO (c)ANT COND given in PA	HOMICIDE	NTRIBUTI	DESCRIBE HO	H but not related	to the ter	minal insture of instu	PART III	i. If decease there a pre	d was female gnency in lest 90 Unit 1
	19. V P Y 20c. T   20d.   21.	Condi which above stating lying PART  WAS AUTOPSY PERFORMED? TES NO PORT NO PO	tions, if an gave rise cause (in gave rise cause (in gave rise) (i	MEDIATE CAU  TO,  To,  To,  To,  To,  To,  To,  To,	E TO (c)  ANT COND Given in PA  UICIDE  PLACE OF I	HOMICIDE	20b.	about home, to 12-	H but not related	to the ter	minal nature of in	PART III	I, If decease there a pretion of the	ONSET AND DE
CERTIFICATION	19. y P P P P P P P P P P P P P P P P P P P	Condi which above stating lying PART  WAS AUTOPSY ERFORMED? ES NO PART	tions, if an gave rise cause (in gave rise cause (in gave rise) (i	MEDIATE CAU  TO,  To,  To,  To,  To,  To,  To,  To,	E TO (c)  NT COND Diven in PA  UICIDE  PLACE OF I farm, factor	HOMICIDE INJURY (e.g. y, street, of	20b.	about home, to 12-	W INJURY OCCUR	to the ter	minal nature of in	PART III	I, If decease there a pretion of the	ONSET AND DE
	19. y P P P P P P P P P P P P P P P P P P P	Condi which above stating lying PART  WAS AUTOPSY PERFORMED? PERFORMED. PERFO	tions, if an gave rise cause (in gave rise cause (in gave rise) (i	MEDIATE CAU  TO,  To,  To,  To,  To,  To,  To,  To,	E TO (c)ANT COND given in PA	HOMICIDE INJURY (e.g. y, street, of	20b.	about home, to 12-	W INJURY OCCUR  20f. CITY, TOWN,  and the date stated above	to the ter	minal nature of in	PART III	I, If decease there a pretion of the	d was female grancy in last 90  No Unit of item 18.)  STATE Company of the compan
MEDICAL CERTIFICATION	19. y y 20c. T	Condi which above stating lying PART  WAS AUTOPSY PERFORMED? PES NO PORT NO PO	tions, if an gave rise cause (ag the under cause lase).  20a. AC 20a.	DUE to etc.  R SIGNIFICA condition g  CCIDENT SC  Tith, Day, Yea  20e. P f.	E TO (c)	ITTIONS CONTROL (a) HOMICIDE INJURY (e.g., street, of	NTRIBUTION 2006.	about home, to 12-	W INJURY OCCUR  20f. CITY, TOWN,  e date stated above  22b. ADDRESS	to the ter	nature of in	PART III	COUNTY  COUNTY  COUNTY	d was female gnancy in last 90  No Unit of item 18.)  STA'  causes stated.  22c, DATE SI
MEDICAL CERTIFICATION	19. VP YY 20c. T III 20d. 1	Condi which above stating lying PART  WAS AUTOPSY PERFORMED? TES NO PORT NO PO	tions, if an gave rise cause (aggreen in the cause (aggreen in the cause lase).  H. OTHER disease  20a. AC  WORK (aggreen in the cause	DUE to be to	E TO (c)	ITIONS CONTROL (a)  HOMICIDE  INJURY (e.g., street, of	20b.	about home, to 12- m on th	W INJURY OCCUR  20f. CITY, TOWN,  e date stated above  22b. ADDRESS  MATORY	To the terminate of the	nature of in	PART III	COUNTY  COUNTY  COUNTY	d was female gnancy in last 90  No Unit of item 18.)  STA'  causes stated.  22c, DATE SI  12-3  (State)
MEDICAL CERTIFICATION	19. V Y 20c. I 20d. 1 21. I D 22a. S REMC Bur	Condi which above stating lying PART  WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PART  WAS AUTOPSY PERFORMED. PART  WAS AUTOPSY PERFORMED. PART  WAS AUTOPSY PERFORMED. PART  WAS AUTOPSY PERFORMED. PART  WAS AU	tions, if an gave rise cause (aggregate for the cause lase).  H. OTHER disease  20a. AC  20a. AC  WORK Care deceased for the care for t	DUE to etc.  R SIGNIFICA condition g  CCIDENT SC  Tith, Day, Yea  20e. P f.	E TO (c)	ITIONS CONTROL (a)  HOMICIDE  INJURY (e.g., street, of title)  23c. NAME  New	20b.	about home, to 12- m on th	W INJURY OCCUR  20f. CITY, TOWN, e date stated above 22b. ADDRESS  MATORY	or Locat  and last sa b, and to th	nature of ir	PART III	COUNTY  COUNTY  COUNTY  ACT I or PAR  COUNTY  COUNTY  ACT I or PAR  COUNTY	d was female gnancy in last 90  No Unit of item 18.)  STA'  causes stated.  22c, DATE SI
MEDICAL CERTIFICATION	19. V Y 20c. T 20d. 1 21. I 22a. S REMC Bur 24. FUNE	Condi which above stating lying PART  WAS AUTOPSY PERFORMED? TES NO PORT NO PO	tions, if an gave rise cause (aggreen in the	DUE  To be a condition g  CCIDENT SC  Trom  DATE  C-3-196	E TO (c)	ITIONS CONTROL (a)  HOMICIDE  INJURY (e.g., street, of title)  23c. NAME  New	20b.	about home, to 12 m on the ETERY OR CRE	W INJURY OCCUR  20f. CITY, TOWN,  e date stated above  22b. ADDRESS  MATORY	or Locat  and last sa b, and to th	nature of in	PART III	COUNTY  COUNTY  COUNTY  ACT I or PAR  COUNTY  COUNTY  ACT I or PAR  COUNTY	d was female gnancy in last 90  No Unit of item 18.)  STA'  causes stated.  22c, DATE SI  12-3  (State)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by	, Student Embalmer No				
working under my personal supervision.					
Student	Signed Thomas J. Carter				
Signature of Student Embalmer					
	Licensed Embalmer No. 4474				
	P. O. Address Richmond, Mo.				

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.