ISSOURI, DI	VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	-61-000256
AMENDED	Registration District No. 37 Primary Registration District No. 4049 Registrar's No.	STATE FILE NUMBER
	()	ceased lived. If institution: Residence before OUNTY admission)
AMENDED	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b C. CITY OR TOWN Length of stay in 1b C. CITY OR TOWN Length of stay in 1b OR OR TOWN Length of stay in 1b OR OR OR TOWN Length of stay in 1b OR	Inside Limits Yes No fourside, give location) Reside on Ferm
DATE	Carsulation Home You To No [] ADDRESS P. 7. D.	Yes D No 🗆
	3. NAME of DECEASED First Middle Less OF OF DEATH John Williams allen Of DEATH	Month Day Year Jaw. 7- 1961 Bignday) IF UNDER 1 YEAR IF UNDER 24
	5. SEX 6. COLOR OR RACE 7. Married 7. Never Married 8. DATE OF BIRTH 9. AGE (last Widowed Divorced Co. 1. 10-1888) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state of the control of	72 Moghs 27 Hours Mie
	during most of working life, even if retired) Parmine Colorado	NAME OF HUSBAND OR WIFE
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no gop unknown) (If yes, give was or dates of service)	Address Allen
N N	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	interval between
EAD OF DOCUME	IMMEDIATE CAUSE (a) Massey & Cardral Heur	look lo. Was
INST	Conditions, if any, which gave rise to above cause (a), stating the underlying cause fast. DUE TO (b) Available to the property of the prope	ison few years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female there a pregnancy in last 90 (
	19. WAS AUTOPSY 20a, ACCIDENT SUICIDE HOMICIDE PENGORMED? YES NO .	of injury in PART I or PART II of item 18.)
	Y 20c. TIME OF Hout, Month, Day, Year INJURY a.m.	COUNTY
9	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION	. COUNTY STATE
ILD READ	-21. 1 attended the deceased from 6105 A-711 m on the date stated above, and to the best	of my knowledge, from the causes stated.
SHOULD VIT OF	22a. SIGNATURE (Degree or title of 22b. ADDRESS CEULOS) 22b. ADDRESS CEULOS 22c. SIGNATURE (22b. ADDRESS) 22c. SIGNATURE (22c. NAME OF CEMETERY OR CREMATORY) 22d. ADDRESS CEULOS 22d. ADDRESS CE	(City, town, or county) (State)
M NO.	Lunal Jan 9-1961 Centralia Conster Centra	STRAR'S SIGNATURE
ITEM BY AI	Lane g. Bellin, autralia Me Jan 8-1961 M. (Licensed Embalment Statement on Reverse Side)	and Mª Bride

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
	nder my personal supervision.	Signed Jane J. Ballew.
Student	Signature of Student Embalmer	Licensed Embalmer No. 420 6

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

Margara Com of William Sante

live side.

6.15.12