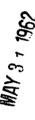
ISSOURI		Di	VIS	ION OF HEALTH - STANDARD CERTIFICATE OF DEATH = 61-010011
				egistration District No. 274 Primary Registration District No. 305 V Registrar's No. 86 STATE FILE NUMBER
AMENDED				LE17 MAR 2 1 951
a	111			a. COUNTY Pettis admission)
AMENDED				b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sed Olive Inside Limits Yes M No
FA			_	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ADDRESS (If cutside, give location) Reside on Farm
DATE				INSTITUTION Bothwell Norpital Yes DNO 1806 So. Sneed Yes DNO D
Γ			_3	. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF OF
-			_	SEX 6. COLOR OR, RACE 7. Married Never Merried 8. DATE OF BIRTH 9. AGE (Iast birthday) IF UNDER 1 YEAR IF UNDER 24 HR
				Female Widowed 12 Divorced 4-28-1872 88 Months Days Hours Min.
,			10	a. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
			13	FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
			7	nartin Stallon Philomens Fred amo
			15 (Y	WAS DECEASED EVER IN U.S. AVAED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address /8-0 So. Small es, no, or unknown) [(If yes, give War or dates of service)]
!		<u> </u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
<u>.</u>		CUMEN		PART I. DEATH WAS CAUSED BY: Chrome Meybeauther ONSET AND DEATH
0		DCC		T. t. Call
STEAD		8		Conditions, if any, which gave rise to
INST		-		above cause (a), stating the under- lying cause last. DUE TO (c)
			Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days.
			Σ	Chronic Dreghts alylase Yes No Unknown
			CERTI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? US NO IDENTIFY OF PART II of item 18.)
			DICAL	20c. TIME OF Hou Month, Day, Year INJURY a.m.
			WE	p.m., 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
			1	WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK
SHOULD READ			:	21. I attended the deceased from 2-6-6 to 3-10-6 and last saw her alive on 3-13-6
				Death occurred at 3-15-6-40m on the date stated above, and to the best of my knowledge, from the causes stated.
SHOU		VIT OF		22a. SIGNATURE SOGRES (Degree of title) 22b. ADDRESS Ledalis Mo 3/17/6/
0	+++		23	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
ON X	$ \ \ $	AFFIDA	-24	FÜNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 REGISTRAR'S SIGNATURE
1		ΒY	n	1º Laughlin Bros Sadalice 2-17- 1961 trances thelby
-		•		(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I nereby certify that the body whose name	is recorded on the reverse side of this certificate was embattied by the
or by	, Student Embalmer No
working under my personal supervision.	KPM Grary
Student	_ Signed
Signature of Student Embalmer	
	Licensed Embalmer No. 3/51

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.