DED		PLACE OF DEATH	7_1961			2. USUAL RES	IDENCE (Where de	ceased lived. If in	astitution: R	esidence before
+		a. COUNTY	Boone			a. STATE		Boon Boon		admission)
	$I^-$	OR	porate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY OR				Inside Limits
1 1 1	<u> </u>		olumbia		life	TOWN	Columb			Yes X No 🗆
	c. FULL NAME OF (If NOT in hospital, give loc HOSPITAL OR INSTITUTION		tion)	Inside Limits Yes □ No □	d. STREET ADDRESS		If cutside, give loca	1	Reside on Farm Yes □ No ᡚ	
	_	Re	ector Nursi		X	И		<u>nell Str</u>		
	3	8. NAME OF DECEASED (Type or print)	First	N	Aiddle	Last	4. DATE OF	Month	Day	Year
	<b> </b>	· erv	Burton		rit	Alvis	DEATH P. AGE (las	4	ER 1 YEAR	1961 IF UNDER 24 HE
	3	i. SEX	6. COLOR OR RACE	7. Married Widowed	Never Married [] Divorced []	8. DATE OF B	6 84	Months	<del>,                                     </del>	Hours Min.
	10	Male		10b. KIND OF B	SUSINESS OR INDUSTR		CE (City and state	•	TIZEN OF V	VHAT COUNTRY
		during most of working life, even if retired) Laborer		Sp. Ro	ad Distri	.ct Bo	one Cour	itv. No.	US	SA
	13	a. FATHER'S NAME			THER'S MAIDEN NAM			NAME OF HUSBAND		
	l	James Alv			Susan Via		In	a G. Alv	ris	
	15 (Y	i. WAS DECEASED EVER es, по, or unknown) [ (if y	IN U.S. ARMED FORCES? res, give war or dates of	service)	CIAL SECURITY NO.	17. INFORMAN		Address		
<sub>⊢</sub>		18. CAUSE OF DEATH	Enter only one cause per		<u>5–36–4808</u>	A Mrs.	Leon Gro	oms Colu	mbia,	MO
DOCUMEN		PART I.	Enter only one cause per DEATH WAS CAUSED BY		- Ox - O	*10.			ON	SET AND DEATH
3			IMMEDIATE CAUSE (a							
l lŏl						, Texas	- CUM	<del>-</del>	<del></del>	oum
امّا		Condition	s. if any. ) DUE TO ()	Cons	and	arte	كممونية	er ve	یں نہ	L kun
ď		Condition which gas above co	ve rise to	Core	saral	arte	riose	erose	ن س	rfevou
		which gas above ca stating th	ve rise to suse (a), se under-		Diol	arte	Lionel	Perose	ن س	Levou
<u> </u>	NO	which gas above ca stating th lying cas	ve rise to ause (a), le under- use last. DUE TO (a OTHER SIGNIFICANT C	c)	NTRIBUTING TO DEAT	A but not relate	d to the terminal			e female was
Ď	CATION	which gas above ca stating th lying cas	ve rise to ause (a), le under- use last. DUE TO (a	c)	STRIBUTING TO DEAT	H but not relate	d to the terminal	there	a pregnant	y in last 90 days
Σ	TIFICATION	which gas above castating the lying cas PART II.	ve rise to suse (a), le under- use last. DUE TO (control of the condition given it is a secondition given give	ONDITIONS CON	burio	a lue	derote	- there	es Degnand	ty in last 90 days  Unknow
)d	CERTIFICATION	which gas above castating the lying cas PART II.	ve rise to ause (a), le under- use last. DUE TO (a OTHER SIGNIFICANT C	ONDITIONS CON	burio	a lue	derote	there	es Degnand	ty in last 90 days  Unknow
DC	CAL CERTIF	which gas above constaining the lying can PART II.  19. WAS AUTOPSY PERFORMED YES NO 200. TIME OF Hour	ve rise to use (a), le under- use last. DUE TO (control of the condition given to the condition given given to the condition given to the condition given to the condition given gi	ONDITIONS CON	burio	a lue	derote	- there	es Degnand	ty in last 90 days  Unknow
DK	CAL CERTIF	which gas above constating the lying can PART II.  19. WAS AUTOPSY PERFORMED? YES   NO	ve rise to use (a), les under under under under under use last. DUE TO (a disease condition given in 20a. ACCIDENT SUICID	ONDITIONS CON	burio	a lue	derote	- there	es Degnand	ty in last 90 days  Unknow
DC	CERTIF	PART II.  19. WAS AUTOPSY PERFORMED? YES NO	ve rise to suse (a), let under under use last. DUE TO (a disease condition given in Month, Day, Year 20e, PLACE	CONDITIONS CONTINUE TO A CONTI	20b. DESCRIBE HO	a lue	Sec. (Enter nature	- there	es Nor PART II o	ty in last 90 days  Unknow
DC	CAL CERTIF	PART II.  19. WAS AUTOPSY PERFORMED YES NO	ve rise to suse (a), let under under use last. DUE TO (a disease condition given in Month, Day, Year 20e, PLACE	ONDITIONS CON IN PART I (a)	20b. DESCRIBE HO	A LUEN WANJURY OCCU	Sec. (Enter nature	of injury in PART 1	es Nor PART II o	cy in last 90 days  Unknow.  of item 18.)
DC	CAL CERTIF	PART II.  19. WAS AUTOPSY PERFORMED? YES NO	we rise to suse (a), le under under use last.  OTHER SIGNIFICANT C disease condition given in the condition given given in the condition given in the condition given g	ONDITIONS CON IN PART I (a)	20b. DESCRIBE HO	A LUEN WANJURY OCCU	Sec. (Enter nature	of injury in PART 1	es Nor PART II o	cy in last 90 days  Unknow.  of item 18.)
)d	CAL CERTIF	which gas above castating the lying cast part of the lying cast part	we rise to suse (a), le under under use last.  OTHER SIGNIFICANT C disease condition given in the condition given given in the condition given in the condition given g	ONDITIONS CON IN PART I (a)	20b. DESCRIBE HO	w July occu	RRED. (Enter nature	of injury in PART 1	es   Pregnandes   Nor PART II o	cy in last 90 days  O Unknow.  of item 18.)  STATE
OF DC	CAL CERTIF	which gas above constaining the lying can part II.  19. WAS AUTOPSY performed yes NO perfor	we rise to ause (a), let under use (a), let under use last. DUE TO (a disease condition given a condition given given given a condition given gi	ONDITIONS CON IN PART I (a)	20b. DESCRIBE HO	w July occu	RRED. (Enter nature	of injury in PART I d	es a pregnance es Nor PART II o	cy in last 90 days  o Unknown  of item 18.)  STATE
T OF	CAL CERTIF	which gas above constating the lying can part II.  19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. The light should be also be about the light should be abou	we rise to ause (a), let under use (a), let under use last. DUE TO (a disease condition given a condition given given given a condition given gi	ONDITIONS CON IN PART I (a)  EXIDMICIDE  OF INJURY (e.g., factory, street, off	in or about home, lice bldg., etc.)	w/Njury occu  20f. CITY, TOWN  6 — 6  e date stated above  22b ADDRESS	PRED. (Enter nature), OR LOCATION  and last saw him live, and to the best	countries on the countries of the countries on the countries of the countr	es a pregnance es Nor PART II cor PART II	cy in last 90 days  O Unknown  of item 18.)
T OF	MEDICAL CERTIF	which gas above constating the lying can part II.  19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. The light should be also be about the light should be abou	we rise to ause (a), let under use (a), let under use last. DUE TO (a disease condition given a condition given given given a condition given gi	ONDITIONS CON IN PART I (a)  E VIPMICIDE  OF INJURY (e.g., actory, street, off	20b. DESCRIBE HO  in or about home, fice bldg., etc.)  m on the	w/Njury occu  20f. CITY, TOWN  6 — 6  e date stated above  22b ADDRESS	, OR LOCATION  and last saw him we, and to the best 23d. LOCATION	COUN  alive on ——— of my knowledge, f	es pregnances Nor PART II of	cy in last 90 days  o Unknown  of item 18.)  STATE
T OF	MEDICAL CERTIF	which gas above constanting the lying can part II.  19. WAS AUTOPSY PERFORMED? PERFORMED.  20d. INJURY OCCURRED WHILE AT WORK (NOT WHILE AT WORK (NOT WHILE AT WORK (NOT WHILE AT WORK) PERFORMED.  21. I attended the december of the performed at the performance of the performance at the performanc	we rise to ause (a), to under (a), to under use last.  OTHER SIGNIFICANT C disease condition given in the condition given	ONDITIONS CON IN PART I (a)  E VIPMICIDE  OF INJURY (e.g., actory, street, off or title)  23c. NAME  Mem	20b. DESCRIBE HO  in or about home, fice bidg., etc.)  m on the	w/Njury occu  20f. CITY, TOWN  6 — 6  22b—ADDRESS  MATORY	, OR LOCATION  and last saw him we, and to the best 23d. LOCATION	COUN  alive on ——— of my knowledge, f	es pregnances Nor PART II of	sty in last 90 days  O Unknown  of item 18.)  STATE  STATE  Just Stated.  22c. DATE SIGNER
	MEDICAL CERTIF	which gas above constraints the lying can part II.  19. WAS AUTOPSY PERFORMED? YES NO DE CONTRET OF HOUR INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK INDICATE OF THE PROPERTY OF THE PARTY	Month, Day, Year  Month, Day, Year  20a. ACCIDENT SUICID  Month, Day, Year  22ab. DATE  4/8/1961  ADD	ONDITIONS CON IN PART I (a)  E VIPMICIDE  OF INJURY (e.g., actory, street, off	20b. DESCRIBE HO  20b. DESCRIBE HO  in or about home, lice bldg., etc.)  m on the contact of the	w/Njury occu  20f. CITY, TOWN  6 — 6  e date stated above  22b ADDRESS	, OR LOCATION  and last saw him we, and to the best 23d. LOCATION	countries on the countries of the countries on the countries of the countr	es pregnances Nor PART II of	sty in last 90 days  O Unknown  of item 18.)  STATE  STATE  Just Stated.  22c. DATE SIGNER

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me
er-by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Frankl

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.