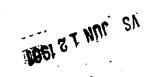
SOL	JRI	DI'	VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-016672
2MA	NDEC	,	Registration District No. 43. Primary Registration District No. 300.7 Registrar's No. 24 STATE FILE NUMBER FILED JUN 7.9 1988
DATE AMENDED			1. PLACE OF DEATH a. COUNTY Butler b. CITY (if outside corporate limits, give TOWNSHIP only) TOWN ASh H111 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR LEngth of stay in 1b 13 Yrs. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE No. C. CITY OR TOWN Brosley (If outside, give location) Residence before a. STATE OR TOWN Brosley (If outside, give location) Residence before a. STATE OR TOWN Brosley (If outside, give location) Residence before a. STATE OR TOWN Brosley (If outside, give location) Residence before a. STATE OR TOWN Brosley (If outside, give location) Residence before a. STATE OR TOWN Brosley (If outside, give location) Residence before a. STATE OR TOWN Brosley (If outside, give location) Residence before a. STATE OR TOWN Brosley (If outside, give location) Residence before a. STATE OR TOWN Brosley (If outside, give location)
<u></u>		_	INSTITUTION 5 M1. S.E Brosley, Mo. Yes No S.E Brosley, Mo. Yes No S. E. Brosley, Mo. Yes No S. E
			(Type or print) Louie James Shider Louie James Shider
			5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min.
		:	10a. USUAL OCCUPATION (Give kind of work done Metrohigh of working life, even if retired) Grocery Store Essex, Missouri U.S.A.
			Albert Wesely Snider Sarah Marrah Warren Violet E. Snider
		NI NI	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) {(If yes, give war or dates of service)} 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address (Yes, go, or unknown) {(If yes, give war or dates of service)} Address Address Address
INSTEAD OF		DOCUMENT	Death Assumed to be of natural causes Sudden Pushing on car and fell Dead Conditions, if any, which gave rise to above cause (a), stating the under- Due to (b) Exersion assumed.
			Ving cause lest. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. If deceased was female with there a pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. If Deceased was female with the pregnancy in lest 90 day PART III. III. III. III. III. III. III. II
5			19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) PERFORMED? YES NO
			20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
			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
D READ			21. 1 attended the deceased from
SHOULD		VIT OF	226. SIGNATURE (Degree of right) 226. ADDRESS (Defree of right) 226. ADDRESS (Defree of right) 226. ADDRESS (Defree of right) 226. DATE SIGNE (Degree of right) (
Ş Ş	П	AFFIDAVIT	REMOVAL (Specify)
ПЕМ		BY AF	Hurial 6/6/1961 Brown Chapel 24. FUNERAL DIRECTOR Fisk. Mo. 6/8/1961 Rutler Mo. 25. DATE RECD. BY LOCAL REG. 26. REGISTRADIS SIGNATURE Praham.
. '	' '	' '	(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

orking under my personal supervision.	, Student Embalmer No
	Sand Devenor of L. Out
UdentSignature of Student Embalmer	_ signed_ fugurana 2) : Proping
	Licensed Embalmer No. 479
	Licensed Embalmer No. 479
The state of the s	P. O. Address

If this body is not embalmed, fact should be so stated above.