Regimental triveria No. 297. Primary Regimenton District No. 3257. Regiment No. 66. STATE TILE NUMBER    1. EDUNAL 1.6 1961 1.	ISS	OU	RI	DΙ	VIS	ION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-018646
PART   I. PARCE OF BEATH   COUNTY Rey	,	MEN	DED	님		
Second content with the point of the point	ا ما		<u> </u>			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
3. NAME OF DECASED FIRST    Comparison   Com	ZDE	.			<del>-</del>	b. CITY (If outside corporate limits, give TOWNSHIP only)   Length of stay in 1b   c. CITY   Inside Limits
3. NAME OF DECASED FIRST    Comparison   Com	VE					Taking Takah ang diguna
3. NAME OF DECASED FIRST    Comparison   Com	ĒĀ				_	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm
Condition, if any, which gave rise to service in the condition, if any, which gave rise to service in the condition is any, which gave rise to service in the condition is any, which gave rise to service in the condition is any, which gave rise to service is service in the condition.   Due to (a)   Die to (b)   Die to (b)   Die to (c)   Die	DAT				_	INSTITUTION 2.15 DE 1910.07 EVERT NO DEL 1910 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
S. SEX   G. COLOGO RACE   Promise					3	(Time or print)
Femele White Widowed ID Divorced   8-2-1885   75   Months Days Hours Min- TOUS GUIDANION (Give kind of work done "IT DISSINGLESS ON INDUSTRY 11. BIRTHPLACE (City and these or country) 12 CITIZEN OF WHAT COUNTRY "IT DISSINGLESS ON INDUSTRY 11. BIRTHPLACE (City and these or country) 12 CITIZEN OF WHAT COUNTRY "IT DISSINGLESS ON INDUSTRY 11. BIRTHPLACE (City and these or country) 12 CITIZEN OF WHAT COUNTRY "IT DISSINGLESS ON INDUSTRY (II. BIRTHPLACE (City and these or country) 12 CITIZEN OF WHAT COUNTRY "IT DISSINGLESS ON INDUSTRY (II. BIRTHPLACE (City and these or country) 12 CITIZEN OF WHAT COUNTRY "IT DISSINGLESS ON INDUSTRY (II. BANDON OF WIFE "IT NOT NOT A COUNTRY II. BANDON OF WIFE "IT NOT NOT A COUNTRY II. BANDON OF WIFE "IT NOT NOT A COUNTRY II. BANDON OF WIFE "IT NOT NOT A COUNTRY II. BANDON OF WIFE "IT NOT NOT A COUNTRY II. BANDON OF WIFE "IT NOT A COUNTRY III. BANDON OF WIFE "IT NOT A COUNTRY II. BANDON OF WIFE "IT				1 1		SEX 6. COLOX OR PACE 7. Married 17 Never Married 17 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
To Sublace Occurrence of the price of the	CAAC					Female White Widowed D Divorced   8-2-1885 75 Months Days Hours Min.
13. FATHER'S NAME   13. NAME OF PUSSAND OR WIFE   14. NAME OF PUSSAND OR WIFE   15. NAME OF PU					10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
Joseph Elpmon  Is. WAS DECEASE EVER IN U.S. ARMED FORCES?  It. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c).  IMMEDIATE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  IMMEDIATE CAUSE (b)  IMMEDIATE CAUSE (c)  IMMEDIATE CAUSE (c)  IMMEDIATE CAUSE (c)  IMMEDIATE CAUSE (c)  IMMEDIATE CAUSE (d)			ł			Housewife Glascow Kentucky United States
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   16 year, give we set of dates of service)   NO no   17. INFORMANT   Mary Jane Tennyson, Richmond, Mo.   18. CAUSE (6) DEATH (Enter only was cause per line for (a), (b), and (c).   18. CAUSE (6) DEATH (Enter only was cause per line for (a), (b), and (c).   18. CAUSE (6) DEATH (Enter only was caused per line for (a), (b), and (c).   18. CAUSE (7)   18. CAUSE (8)   18. CAUSE (8)   18. CAUSE (8)   18. CAUSE (9)   18. CAU	<b>(1</b>			1 1	13	
(Yes, ago or unknown) (if yes, give war or dates of service)  None  Mary Jane Tennyson, Richmond, Mo.  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to the state of the service				1	15	USEPH LAPHON ANNIE LOWE Frank McDowell  WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 117. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   INTERVAL BETWEEN CONSET AND DEATH CONSET AND DEA					(Y	es, no. or unknown) (If yes, give war or dates of service) None Mary Jane Tennyson Richmond Mo
DUE TO (c)  D: Debes Medical Service Cause (a), stating the underly lying cause last. Due to (c)  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.  PART III. 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.  PART III. 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.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was there a pregnancy in last 90 days.  PART III. III. If deceased was there a pregnancy in last 90 days.  PART III				<u> </u>	<del>                                     </del>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
DUE TO (c)  D: Debes Medical Service Cause (a), stating the underly lying cause last. Due to (c)  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.  PART III. 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.  PART III. 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.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was there a pregnancy in last 90 days.  PART III. III. If deceased was there a pregnancy in last 90 days.  PART III				MEN		
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disease condition given in PART I (a)    19. WAS AUTOPSY   20a. ACCIDENT   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.)   19. WAS AUTOPSY   20a. ACCIDENT   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item 18.)   20c. TIME OF Hour Month, Day, Year INJURY   20c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   20e. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY OCCURRED   10c. PLACE OF INJURY (e.g., in or about home, p.m.		_	_			which gave rise to above cause (a), stating the under- lying cause last.  DUE TO (c)  D: Shebes MeM: Fus  y eas
19. WAS AUTOPSY PERFORMED? PERFORMED? YES NOD DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, in, in, in, in, in, in, in, in, in, in	5				<u>N</u>	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 we there a pregnancy in last 90 days
20c. TIME OF Hour Month, Day, Year INJURY e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY OCCURRED STATE farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED STATE farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED STATE farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED STATE  20d. INJURY OCCURRED STATE  20d. INJURY OCCURRED STATE  20d. INJURY OCCURRED STATE  21. I attended the deceased from 5-3-5P, to 5-2-6/ and last saw her slive on 5-7-6/  22b. ADDRESS  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED  22c. DATE SIGNED  22d. BURIAL, CREMATION, 23b. DATE  23d. LOCATION (City, town, or county)  23d. FUNERAL DIRECTOR  24d. FUNERAL DIRECTOR  25d. PLOCAL REG. 26d. REGISTRAR'S SIGNATURE  24d. FUNERAL DIRECTOR  25d. DATE RECD. BY LOCAL REG. 26d. REGISTRAR'S SIGNATURE  25d. May 9-1961  26d. REGISTRAR'S SIGNATURE  27d. PLONERAL DIRECTOR  27d. PLONERAL					CAT	☐ Yes ☑ Mo ☐ Unknow
20c. TIME OF Hour Month, Day, Year INJURY OCCURRED S.m  20d. INJURY OCCURRED STATE Hour farm, factory, street, office bidg., etc.)  21. I attended the decessed from 5-3-54, to 5-2-67 and last saw her slive on 5-7-67  21. I attended the decessed from 5-3-54 and in the date stated above, and to the best of my knowledge, from the causes stated.  22s. SIGNATURE Corp. (Degree or title)  22s. SIGNATURE Corp. (Degree or title)  22s. SIGNATURE Corp. (Degree or title)  22s. NAME OF CEMETERY OR CREMATORY Corp. (State)  23d. LOCATION (City, Town, or county)  23d. LOCATION (City, Town, or county)  3d. LOCATION (City, Town, or county)  3d. LOCATION (City, Town, or county)  4d. Corp. Sunny Slope  24d. FUNERAL DIRECTOR CREMATORY  25d. DATE RECD. By LOCAL REG. 26. REGISTRAR'S SIGNATURE CUEST. Lile Funeral Home Richmond May 9-1961 Malul Yaukson					CERTIF	PERFORMED?
20d. INJURY OCCURRED WHILE AT WORK   STATE farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   STATE farm, factory, street, office bldg., etc.)  21. I attended the decessed from 5-3-5P, to 5-2-6/2 and last saw her alive on 5-1-6/2  21. Death occurred at 5:20 Am on the date stated above, and to the best of my knowledge, from the causes stated.  22s. SIGNATURE Cook MILE  22s. SIGNATURE  22s. SIGNATURE  22s. SIGNATURE  22s. SIGNATURE  22s. SIGNATURE  22s. SIGNATURE  22s. ADDRESS  22s. DATE SIGNED  22d. LOCATION (City, town, or county) (State)  BUT 18					DICAL	INJURY a.m.
21. I attended the deceased from 5-3-5P, to 5-2-67 and last saw her alive on 5-7-67, beath occurred at 5:20 Am on the date stated above, and to the best of my knowledge, from the causes stated.  226. SIGNATURE  226. SIGNATURE  226. SIGNATURE  226. DATE SIGNED  226. DATE SIGNED  226. DATE SIGNED  227. DATE SIGNED  228. DATE SIGNED  238. BURIAL, CREMATION, 23b. DATE  236. NAME OF CEMETERY OR CREMATORY  236. LOCATION (City, town, or county)  237. DATE RECO. BY LOCAL REG.  24. FUNERAL DIRECTOR  25. DATE RECO. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  RICHMOND. MISSOURI  26. REGISTRAR'S SIGNATURE  RICHMOND. MISSOURI  26. REGISTRAR'S SIGNATURE  RICHMOND. MISSOURI  27. DATE RECO. BY LOCAL REG.  28. May 9-1961  29. Malul Yaukson					*	20d. INJURY OCCURRED. 20e., PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)
Desth occurred at 1226. ADDRESS 226. ADDRESS 226. DATE 226. DATE SIGNED 226. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stafe)  Burial 5-5-1961 Sunny Slope Richmond, Missouri  Burial 5-5-1961 Sunny Slope Richmond, Missouri  Quest Lile Funeral Home Richmond, Missouri  Richmond, Missouri May 9-1961 Malul Yaukson	₽		.  -		.	5-2-61 her 5-1-67
22s. SIGNATURE  22s. SIGNATURE  22s. SIGNATURE  22s. SIGNATURE  22s. DATE SIGNED  22s. DATE SIGNED  23c. DATE SIGNED  23c. DATE SIGNED  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  33d. LOCATION (City, town, or county)  42c. DATE SIGNED  23d. BURIAL, CREMATION, 23d. DATE  23d. BURIAL, CREMATION, 23d. DATE  23d. BURIAL, CREMATION, 23d. DATE  23d. LOCATION (City, town, or county)  42d. CREMATION, 23d. LOCATION (City, town, or county)  42d. CREMATION (City, town, or county)  42d. CR	器	*	`	,	`	5.20
23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stafe)  BUT 181 5-5-1961 Sunny Slope Richmond, Missouri  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  QUEST Lile Funeral Home Richmond, Missouri May 9-1961 Malul Yackson		- •	-	<u>ن</u> ـ ن		
23a. BURIAI, CREMATION, 23b. DATE 22c. NAME OF CEMETERY OF CREMATORY 25c. TOWN, or county) (State)  Burial 5-5-1961 Sunny Slope Richmond, Missouri  Burial 5-5-1961 Sunny Slope Richmond, Missouri  Cuest Lile Funeral Home Richmond, Wissouri May 9-1961 Malul Yackson  Richmond, Wissouri May Shirt May 9-1961 Malul Yackson	왕					Thomas B. Goch Mill Milmond, Minorio 5/4/81
Richmond. Wissouri Ken Stile May 9-1961 Malul Yackson		+	+-	DA	23	REMOVAL (Specify)
Richmond. Wissouri Ken Stile May 9-1961 Malul Yackson	Z			F		Burial 5-5-1961   Sunny Slope   Richmond, Missouri
Richmond, Missouri Au Alexander Tribate	TEM			>	24.	Quest Lile Funeral Homes Will Man A 1661   mal James and
		ı	ı			(Licensed Embalmer's Statement on Reverse Side)

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## STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	( DI-1
StudentSignature of Student Embalmer	Signed June Signed
	Licensed Embalmer No. 4066

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.

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