		LIC HEALTH A Registration Distri	/ /	2_1Prima	ry Registration	i District No. 🔰 💍	23 _{Registrar's I}	No	ZSIAI	TE FILE NUMBER	
MENDED	, El	LED AUG	1 4 1961					· · · · · · · · · · · · · · · · · · ·			
1 1		1. PLACE OF DE	ATH THE				11		eased lived. If in		
		a. COUNTY	Henry				a. STATE Mi	issouri "	OUNTY Henr	Yadm	ission)
		OR .	tside corporate limit	s, give TOWNSH	IP only)	Length of stay in 15	c. CITY			Insid	le Limi:
		TOUR	linton			10 days	II TOWN	Clinton		Yes [No.
		c. FULL NAME	OF (If NOT in hose	oital, give locatio	on)	Inside Limits	d. STREET	(if	outside, give locat	tion) Reside	on Fa
		HOSPITAL	M	on Gene	ral Ho	osp Yes No D	ADDRESS	10 Price	e_Lane	Yes [] No
- - -	→ I	3. NAME OF DE		First		Middle	Last	4. DATE	, Month	Day	Year
		(Type or print	MA'	TTHEW	BARC	T.AY P	ROWN	OF DEATH	August 8	. 1961	
		5. SEX	6. COLOR		7. Married 5				birthday) IF UNDI		IDER
			1	1	Widowed [<u> </u>		Months		
		Male	PATION (Give kind o	hite		BUSINESS OR INDUST	June 9.	E (City and state or	country) 12 Ci	TIZEN OF WHAT (- J
	 	during most a	f working life, even		_			• •	·]		
		Civil E	ngineer_		Consti	<u>ruction</u> OTHER'S MAIDEN NA	<u>Pheonix</u>	<u>(ville,)</u>	Penn J	USA	
					130. M	OIDEKS MAIDEN NA	urit	'''			
		William	Brown ED EVER IN U.S. AR			Lessie Mc	Neil	Flo	orene Br	<u>own</u>	
			ED EVER IN U.S. AR wn) [(If yes, give wa			OCIAL SECURITY NO.	I.I. INFORMANT		Address		
11		No	**	****	528	8-10-6813	Florene	e Brown.	Clinton	Misso	ur.
	눌	18. CAUSE OF	DEATH (Enter only	one cause per li	ine for (a), (b),	and (c).				INTERVAL ONSET:AN	BETY
1	画	i i	ZARI I. DEATH WA	2 CAUSED MAY	,,			4	-	(1143-1	יט פוף
	≥	1			Khana	males a	recentan	to Mare	·	2 %	ID D
	3			ATE CAUSE (a)	Seno	vulage - 1	recordan	to care	menn 01	2/2	ID DI
	DOCUMENT		IMMEDI	ATE CAUSE (a)	Cana	mlege - d	Bere	to care	visan Plann	2 K	10 DI
	DOCUN		IMMEDI Conditions, if any,] which gave rise to {		Care	enoma-	recentany Squema	to lare	risan Plany	34	ID DI
	DOCUN		Conditions, if any, which gave rise to above cause (a), stating the under-	ATE CAUSE (a) DUE TO (b)	Care	inoma-	recentazione Squema	to lare	Plany	3 y	ID DI
	DOCUM		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	Care	inoma-	reconday Squama			34	<u>~</u>
	DOCUM		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	Care NOITIONS CO	ENTRIBUTING TO DEA	Square ATH but not related		PART III. If d	3 y	emale.
	DOCUM		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) DUE TO (c) GNIFICANT CO	Care NOITIONS CO	inoma-	Square ATH but not related		PART III. If d	3 y	emale last 9
	DOCUM		Conditions, if any, which gave rise to above cause (a), stering the under-lying cause last. PART 11. OTHER SI-disease conditions are seen to the conditions	DUE TO (b) DUE TO (c) GNIFICANT CO	Care Care Notitions CO PART 1 (a)	ONTRIBUTING TO DEA		to the terminal	PART III. If dithere	3 y	emale last 9
	DOCUM	NO LES 19. WAS AUT PERFORM	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART 11. OTHER SI disease co. OPSY 20a. ACCID	DUE TO (b) DUE TO (c) GNIFICANT CO Indition given in	Care Care Notitions CO PART 1 (a)	ONTRIBUTING TO DEA	ATH but not related	to the terminal	PART III. If dithere	3 y	emale last 90
	BOCUN	19. WAS AUT PERFORM YES 1	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART 11. OTHER SI disease co. OPSY 20a. ACCID.	DUE TO (b) DUE TO (c) GNIFICANT CO ndition given in	NDITIONS CO PART I (a)	ONTRIBUTING TO DEA		to the terminal	PART III. If dithere	3 y	emale last 90
	DOCUM	19. WAS AUT PERFORM YES 1	Conditions, if any, which gave rise to shove cause (e., stating the underlying cause last.) PART II. OTHER SI disease col OPSY 20e. ACCIDED?	DUE TO (b) DUE TO (c) GNIFICANT CO Indition given in	NDITIONS CO PART I (a)	ONTRIBUTING TO DEA		to the terminal	PART III. If dithere	3 y	emale last 90
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	DOCUM	19. WAS AUT PERFORM YES NIJURY OF INJURY OF IN	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SI disease colony. OPSY 20a. ACCID. Hour a.m. p.m.	DUE TO (b) DUE TO (c) GNIFICANT CO Indition given in ENT SUICIDE Day, Year	MONITIONS CO PART I (a) HOMICIDE	ONTRIBUTING TO DEA	IOW INJURY OCCURR	to the terminal RED. (Enter nature o	PART III. If dithere	deceased was for a pregnancy in I es No 16 or PART II of item	female last 9 Ur 18.)
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1961.51304

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	$\Omega \cap A$
Student	Signed ligar R. Conselie
Signature of Student Embalmer	Licensed Embalmer No. 4680
	Licensed Embalmer No. 4680
* '.	P. O. Address Planton M

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.