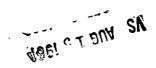
| MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH | | | | |
|---|--|----------------|---------------|--|
| AMENDED Registration District No. 274 Primary Registration District No. Registrar's No. 250 STATE FILE NUMB | | | | |
| | | | | PLACE OF DEATH a. COUNTY Death County Death De |
| AMENDED | | | | b. CITY (If outside comporate limits, give TOWNSHIP only) OR TOWN C. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b C. CITY OR TOWN Substitute C. FULL NAME OF (If NOT in hospital, give location) Reside on Farm |
| DATE | | | <u> </u> | HOSPITAL OR INSTITUTION Yes Pro ADDRESS Walnut avenue Yes No D |
| - | | | | NAME OF DECEASED (Type or print) First Middle Lest 4. DATE OF DEATH Month Day Year 1 GEATH SEX 6. COLOR OR BACE 7. Married Never Married 8. DATE OF BIRTH 8. DATE OF DEATH MONTH Day Year 1 GEATH MONTH Day Year 1 GEATH MONTH DEATH P. AGE (last birthday) IF UNDER 1 YEAR 1 FUNDER 24 HR |
| | | | 10. | Widowed Divorced 1-49-1889 12 Years Months Deys Hours Min. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state of country) 12. CITIZEN OF WHAT COUNTRY |
| SW0 | | | 130. | during most of porking literary to reflect) our Juneaul Home Waverly-Journ U. S. A. |
| FOLLOW | | | | Was perase ever in is again soles to sole scilling No 11 More Andrew Address A |
| E AS | | | | s, no, or unknown) (If yes, give war or dates of service) Nove: author of Menning Smallton, Wo |
|) ARE | | ENT | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH |
| RECORD EAD OF | | DOCUMENT | | IMMEDIATE CAUSE (6) Curtinomi of victus advanted 7 months |
| THIS REC | | DO | | Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) |
| NO NO | | | N N | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal diseased was female was there a pregnancy in last 90 days. |
| AMENDMENTS | | | CERTIFICATION | Mesnia, brien selevatie transdesses Yes No Unknown 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO |
| AMENC | | | | YES NO Month, Day, Year NJURY a.m. P.m. |
| | | | | 20d. INJURY OCCURRED WHILE AT WORK 100 |
| SHOULD READ | | | - | 21. I attended the deceased from |
| SHOUL | | IT OF | - | 227 IGNATURE (Degree of title) MD. 22b. ADDRESS, 3/2 /2 So. Ohio, Sedalia Mo 8-6-61 |
| EM NO. | | l AFFIDAVIŤ | 23a. 24: | BORTAL, CREMATION, 234 DATE 23c. NAM OF CEMETERY OR CREMATORY 23d. LOGATION (City, town, or county) (State) REMOVAL ISPERITOR ADDRESS 25. DATE RECD. BY LOGAL REG. 26. AGGISTRAR'S SIGNATURE LINERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOGAL REG. 26. AGGISTRAR'S SIGNATURE 23d. LOGATION (City, town, or county) (State) |
| | | BY | 1 4 | (Licensed Embalmer's Statement on Reverse Side) |



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, |
|---|---|
| or by | , Student Embalmer No |
| working under my personal supervision. | _ Signed Clifford Gouge |
| StudentSignature of Student Embalmer | _ Signed |
| | Licensed Embalmer No. 50/4 |
| | P. O. Address Windson, Mo, |
| | |

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.