	_	Registration District No	277	Primary Reg	istration Distri	ct No. 274	+9_Registrar's	No. 🛇	2	STATE F	ILE NUMBER
MENDED	 	LED AUG 28	1961	as times y keg			y				
11	<u> </u>	1. PLACE OF DEATH	Delica				. STATE	-	deceased li	ved. If instit	tution: Residence b admissio
	-	b. CITY (If outside corp	porate limits, give TO	OWNSHIP onl	y) Leng	th of stay in 1b	{{ c. CITY	ssouri		PIKE	Inside Li
	_	TOWN Guivre			38 yrs.		or town Cyrene			Yes 🗆 N	
		c. FULL NAME OF (IF N HOSPITAL OR INSTITUTION	NOT in hospital, give	location)	a Ma	Inside Limits Yes Node	d, STREET ADDRESS		(If cutside,	, give location	n) Reside on Yes [] N
_ _ -	-			CATE	ie,Mo.	Λ.	<u></u>				<u> </u>
		3. NAME OF DECEASED (Type or print)	fint El mer	Joser	Middle		Last	4. DATE OF DEAT		onth ust 23	3. 1961
	-	5. SEX	6. COLOR OR RAC			lever Married 🔲	8. DATE OF B	IRTH 9. AGE) IF UNDER	1 YEAR IF UNDER
		Male	White	Wie	dowed 🗆	Divorced 🔀	4-24-2	3	38	Months	Days Hours
	-	IOa. USUAL OCCUPATION	(Give kind of work o		IND OF BUSIN	IESS OR INDUSTR	Y 11. BIRTHPL		ate or country) 12. CITIZ	EN OF WHAT COU
	1 1	during most of working			ricul	ture	Trov.	Misson	ıri	USA	A.
		3a. FATHER'S NAME				S MAIDEN NAM	I.E		14. NAME OF	HUSBAND OF	R WIFE
		Claude A	llen		Rosa	Anna S	tepanek	<u>.</u>	Divor	rced	
		5. WAS DECEASED EVER	IN U.S. ARMED FOR		16. SOCIAL	SECURITY NO.	17. INFORMAN	NT .		Address	
		Yes, no, or unknown) [(If y	yes, give war or date	et of service)	86-28	-9384	Mrs. C	laude	Allen.	Cyrer	ne. Mo.
	<u> </u>	3 00 								~,	
	_	18. CAUSE OF DEATH	(Enter only one cause	e per line for	(a), (b), and (c).		· · · · · · · · · · · · · · · · · · ·		•	INTERVAL BET
	Z.	18. CAUSE OF DEATH ((Enter only one cause DEATH WAS CAUSE	e per line for D BY:	(a), (b), and (c).		1 -		1-	INTERVAL BET ONSET AND D
	JMENT	18. CAUSE OF DEATH ((Enter only one cause DEATH WAS CAUSE IMMEDIATE CAU	e per line for D BY:	(a), (b), and (c).	ميرسور	ر کی	Naon	1	INTERVAL BET
	CUMENT	18. CAUSE OF DEATH ((Enter only one cause DEATH WAS CAUSE	e per line for D BY:	(a), (b), and (for S	مدرون	l In	Naos	V	INTERVAL BET
	DOCUMENT	Condition	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAU	e per line for D BY:	(a), (b), and (shot dell	Juli	l In	Naon	V	INTERVAL BET
	DOCUMENT	- Condition which go	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAU as, if any, DUE	e per line for D BY: JSE (a)	(a), (b), and (c	het -	Juft	l In Cital	Naon	V	INTERVAL BET
	DOCUMENT	Condition which ga above co stating th	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAU is, if any, DUE ve rise to ause (a), he under-	e per line for DBY: USE (a)	(a), (b), and (c	leff =	Infl	Pritel	Xaox	<i>Y</i>	INTERVAL BET
	-	Condition which go above a creating the lying car	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAU is, if any, over rise to ause (a), he under- use last.) DUE	is per line for iD BY: ISE (a) TO (b) TO (c)	(a), (b), and (c	lef =	Infl	l In Cital	Xaox	TILL If decr	INTERVAL BET ONSET AND D
	-	Condition which go above a creating the lying car	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAU is, if any, ve rise to ause (a), he under-	to (c)	(a), (b), and (c)	lef =	Infl	l In Cital	Xaox	T III. If dece	THIERVAL BET
	-	Condition which go above a creating the lying car	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAUSES, if any, we rise to ause (a), he undertuse last, DUE	to (c)	(a), (b), and (c)	lef =	Infl	l In Cital	Xaox		INTERVAL BET ONSET AND D
	-	Condition which go above a creating the lying car	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAU is, if any, over rise to ause (a), the under-use last. DUE OTHER SIGNIFICA disease condition 9	TO (c) NT CONDITIC	ONS CONTRIB	LIFE TO DEAT	H but not relate	listed	Naoz	there a	INTERVAL BET ONSET AND D
	-	Condition which gas above a stating the lying care PART II.	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAU is, if any, over rise to ause (a), the under-use last. DUE OTHER SIGNIFICA disease condition 9	TO (c) NT CONDITIC	ONS CONTRIB	LIFE TO DEAT	H but not relate	listed	Naoz	there a	eased was femal pregnancy in last 1
	CERTIFICATION	Condition which gas above constituting the string of the string the string of the stri	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAUSE) is, if any, we rise to ause (a), he underluse last. DUE OTHER SIGNIFICA disease condition 9	TO (b) TO (c) NT CONDITIC UICIDE HO	ONS CONTRIB	LIFE TO DEAT	H but not relate	listed	Naoz	there a	eased was femal pregnancy in last 1
	CERTIFICATION	Condition which gas above constituting the string of the string the string of the stri	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAU Is, if any, over rise to ause (a), he under- use last. DUE OTHER SIGNIFICA disease condition g Month, Day, Yea	IO (b) TO (c) NT CONDITIC Siven in PART	ONS CONTRIB	LIFE TO DEAT	H but not relate	listed	Naoz	there a	eased was femal pregnancy in last 1
	-	Condition which ge above cc stating th lying ca PART II. 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hour INJURY a.m.	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAUSE, if any, we rise to ause (a), he undertuse last. DUE OTHER SIGNIFICA disease condition 9	TO (b) TO (c) NT CONDITIC Siven in PART	ONS CONTRIB	UTING TO DEAT	H but not relate	ed to the term	PARI parity	there a	eased was fema pregnancy in last 0
	CERTIFICATION	Condition which gas above at stating the lying care part II. 19. WAS AUTOPSY PERFORMED? YES NO VER NOW 11, 10, 10, 10, 10, 10, 10, 10, 10, 10,	(Enter only one cause DEATH WAS CAUSE IMMEDIATE CAU Is, if any, over rise to ause (a), he underruse last. OTHER SIGNIFICA disease condition go Month, Day, Yea D 20e. P 20e. P	TO (b) TO (c) NT CONDITIC Siven in PART	ONS CONTRIB	UTING TO DEAT	H but not relate	ed to the term	PARI parity	there a	eased was femal pregnancy in last 1
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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 Harold Kirks
Student Signature of Student Embalmer	_ Signed Arold Urfl
	Licensed Embalmer No.4597
	P.O. Address Bowling Green. 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.