SSOURI	DIV	ISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-61-037586$
AMENDED		ISION OF HEALTH — STANDARD CERTIFICATE OF DEATH LIC HEALTH AND WELFARE Registration District No. 172 Primary Registration District No. Registrat's No. Regis
DATE AMENDED		1. PLACE OF DEATH CT 3 1 1961 a. COUNTY LEWIS b. CITY (If outside corpogate limits, give TOWNSHIP only) COUNTY LEWIS c. CITY OR TOWN DUY have c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MD b. COUNTY LEWIS admission) c. CITY OR TOWN DUY have C. CITY OR TOWN DUY have ADDRESS (If cutside, give location) Yes No
INSTEAD OF	DOCUMENT	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year OF DEATH Oct. 15. 1961 5. SEX 6. COLOR OR RACE Widowed Divorced Divor
19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OF PERFORMED? YES NO DESCRIBE HOW INJURY OF PERFORMED? YES NO DESCRIBE HOW INJURY OF PERFORMED? YES NO DESCRIBE HOW INJURY OF DESCRIPTION O		disease condition given in PART I (a) Continue of Injury in PART I or PART II of item 18.)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	e is recorded on the reverse side of this certificate was embalmed by n
or by	, Student Embalmer No
working under my personal supervision.	An a c'an
Student	Signed L. M. Crabill
Signature of Student Embalmer	Licensed Embalmer No. 44905
	Licensed Emballier No

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.