_	Registr	ation District No.		Prim	nary Registration	District No	Registrar's	No		STATE FI	
D	EIL	ED DEC	<u>4 1961</u>								
		CE OF DEATH	, ,			•	<b>13</b>	DENCE (When		ed. If institu	ution: Residence
	a. (	COUNTY	1en r	ע			a. STATE	40	b. COUNTY	Pett	admiss کر
1 1	b.	CITY (If outside c	orporate limits,	give TOWNS	HIP only)	Length of stay in 1	c. CITY			<u> </u>	Inside
		OR TOWN	ndso	. Also	1	38 days	OR TOWN	Ongw	and		Yes 🖅
		FULL NAME OF (I			·iaa)	Inside Limits	d. STREET	- o g		give location)	
		HOSDITAL OD	-		770	~ e   ` ` ` `	II ADDRESS		(ir cuiside,	give location,	1
		INSTITUTION	MMUNI	ty COM	valesc	en Z Yes & No	J	none	<u> </u>		Yes 🗆
	3. NA	ME OF DECEASE	<u> </u>	First	<del></del>	Middle	Last	4. DAT	E Mo	onth	Day
		pe or print)	M		Ā		1 0	OF DEA		,	
			/1/6/	<b>X</b>	<u> </u>	_ Epp					13 -19
	5. SE		6. COLOR		7. Married [			···· I	E (last birthday)	Months 1	Days Hours
		<i>F</i>	W/	hite	Widowed (	Divorced [	□  //-ス/-/8	<u> ۲</u> ۷	99	Months	Days
		UAL OCCUPATION	N (Give kind of	f work done	10b. KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLAC	CE (City and s	state or country)	12. CITIZE	N OF WHAT CO
1 1	dur	ing most of work	ing life, even i	if retired)	home	_	W	entu	cku	1 4.	S. A.
	13a. FAT	HER'S NAME	<u>r_e</u>			OTHER'S MAIDEN NA		-71 CA	14. NAME OF		
			+	<b>4</b>					_		
	Joh!	n Thom	as 10	Cam		ortha A			Dav		pp/e
		S DECEASED EVE				OCIAL SECURITY NO.	17. INFORMANT	Ī		Address	
		, or unknown) (I	i yes, yive war	or dates of s	Leivice) V	lon e					
ı⊨											
		CHOSE OF DEATH	M (Enter only o	ne cause per	line for (a), (b),	and (c).	7 _1	$\overline{\Delta}$	$\alpha$		INTERVAL B
氫	- 1	PART I	. DEATH WAS	one cause per CAUSED BY:	line for (a), (b),	and (c).	2	10	00	_	ONSET AND
DOCUMENT		PART I	. DEATH WAS  IMMEDIA  ons, if any, )	one cause per S CAUSED BY: ATE CAUSE (a) DUE TO (b)	1	eruso	atory	Co	llaz TÜ	sal seàse	INTERVAL BE ONSET AND
DOCUMEN		Conditi which ( above stating	ons, if any, gave rise to cause (a), the under-	S CAUSED BY: ATE CAUSE (a) DUE TO (b)	an	erus	dero	Co	llay Du	sal seise	Jyn
DOCUMEN	2	Conditi which s above stating lying	ons, if any, gave rise to cause (a), the under-cause last.	S CAUSED BY: ATE CAUSE (a) DUE TO (b) DUE TO (c)	aa	reul	atory Cerote	Lear	Clay	ne dece	3yr
DOCUMEN	NOI	Conditi which s above stating lying	ons, if any, gave rise to cause (a), the under-cause last.	S CAUSED BY: ATE CAUSE (a) DUE TO (b) DUE TO (c)	Conditions co	and (c).	Cerotic	Hear	Clay That Ainel PART	III. If decerthere a p	3yr
	CATION	Conditi which s above stating lying	ons, if any, gave rise to cause (a), the under-cause last.	DUE TO (C	Conditions co	reul	Cerotic	Hear	Clay The PART		3yr
		Condition which above stating lying PART I	ons, if any, gave rise to cause (a), the under-cause last.	DUE TO (conficient of the conficient of the conf	ONDITIONS CO	NTRIBUTING TO DE	Certification of related to the state of the			there a p	3 yr ased was ferroregnancy in last
		Condition which above stating lying PART I	ons, if any, gave rise to cause (a), the under-cause last.	DUE TO (conficient of the conficient of the conf	ONDITIONS CO	NTRIBUTING TO DE				there a p	3 yr ased was ferroregnancy in last
	19.	Condition which above stating lying PART I	ons, if any, gave rise to cause (a), the undercause last.  OTHER SIG disease conducted to the conducted to t	DUE TO (control of the control of th	ONDITIONS CO PART I (a)	NTRIBUTING TO DE				there a p	3 yr ased was ferroregnancy in last
	19.	Conditivation which above stating lying PART I	ons, if any, gave rise to cause (a), the under-cause last.  I. OTHER SIG disease conductions (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	DUE TO (control of the control of th	ONDITIONS CO PART I (a)	NTRIBUTING TO DE				there a p	3 yr ased was ferroregnancy in last
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	MEDICAL CERTIFI	Condition which above stating lying PART I	ons, if any, gave rise to cause (a), the undercause last.  1. OTHER SIG disease conditions of the cond	DUE TO (b  DUE TO (c  NT SUICIDE  Pay, Year	ONDITIONS CO	20b. DESCRIBE F		RED. (Enter na	ature of injury in	there a p	3 yr ased was ferroregnancy in last
	MEDICAL CERTIFI	Condition which above stating lying PART I	ons, if any, gave rise to cause (a), the undercause last.  1. OTHER SIG disease conditions of the cond	DUE TO (b  DUE TO (c  NT SUICIDE  Pay, Year	ONDITIONS CO PART I (a)	20b. DESCRIBE F	OW INJURY OCCUR	RED. (Enter na	ature of injury in	Yes	3 yr ased was fen pregnancy in lass  No  ART II of item 1
	MEDICAL CERTIFI	Conditivation which shove stating lying PART I	ons, if any, gave rise to cause (a), the undercause last.  1. OTHER SIG disease conditions of the cond	DUE TO (b  DUE TO (c)  DUE TO (c)  DUE TO (c)  NT SUICIDE  NT SUICIDE  20e. PLACE  farm, fa	ONDITIONS CON PART I (a)  OF INJURY (e.g. actory, street, of	20b. DESCRIBE F	20f. CITY, TOWN,	RED. (Enter ni	ature of injury in	there a p Yes PART I or P.	ased was ferroregnancy in last
	19. 20c. 20c. 20d.	Condition which above stating lying PART I	ons, if any, gave rise to cause (a), the undercause last.  1. OTHER SIG disease conditions are conditions and conditions are conditional conditions.	DUE TO (b  DUE TO (c  NT SUICIDE  Pay, Year  20e. PLACE farm, fi	ONDITIONS CON PART I (a)  OF INJURY (e.g. actory, street, of	20b. DESCRIBE F	20f. CITY, TOWN,	RED. (Enter ni	ature of injury in	there a p Yes PART I or P.	3 yr ased was fen pregnancy in lass  No  ART II of item 1
	19. 20c. 20c. 20d.	Condition which which above stating lying PART I WAS AUTOPSY PERFORMED? YES NO 20 INJURY OCCURR WHILE AT WORLD WHILE AT WORLD WHILE AT WORLD WHILE AT I attended the difference of the part of the par	Ons, if any, gave rise to cause (a), the undercause last.  I. OTHER SIG disease conditions are conditions are conditions.  Month, D. CED WORK	DUE TO (b  DUE TO (c  NT SUICIDE  Pay, Year  20e. PLACE farm, fi	ONDITIONS CON PART I (a)  OF INJURY (e.g. actory, street, of	20b. DESCRIBE H	20f. CITY, TOWN,	OR LOCATIO	on her alive on 1	There a property of the proper	3 yr ased was fem pregnancy in las  No  ART II of item 1
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OF	20c. 20c. 20d. 20d. 21. 22a	Condition which which above stating lying PART I  WAS AUTOPSY PERFORMED? YES NO 20  TIME OF HOUSE AT WORK WHILE WHIL	Ons, if any, gave rise to cause (a), the undercause last.  I. OTHER SIG disease com  20a. ACCIDE  Month, D  EED  WORK	DUE TO (b)  DUE TO (c)  DUE TO (c)  DUE TO (c)  NIT SUICIDE  Pay, Year  20e. PLACE farm, fi	ONDITIONS CON PART I (a)  ONDITIONS CON PART I (a)  E HOMICIDE  OF INJURY (e.g. actory, street, of the continuous continu	20b. DESCRIBE H	20f. CITY, TOWN, 15, 161 the date stated above 122b. ADDRESS 103 W.	OR LOCATIO	on her slive on best of my kno	COUNTY  Nov. 1  wledge, from	ased was ferroregnancy in last  No  ART II of item 1  22c. DAT 11-25
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	20d. 20d. 22a. 22a. 22a. 22a. 22a. 22a. 22a. 22	Condition which which above stating lying PART I  WAS AUTOPSY PERFORMED? YES NO 20  TIME OF HOUSE AT WORK WHILE WHIL	Ons, if any, gave rise to cause (a), the undercause last.  I. OTHER SIG disease com  20a. ACCIDE  Month, D  EED  WORK	DUE TO (b  DUE TO (c)  DUE TO (c)  DUE TO (c)  Official Control Control  NT SUICIDE  104y, Year  20e. PLACE farm, for	ONDITIONS CON PART I (a)  OF INJURY (e.g. actory, street, of the part is a constant in the part in the part is a constant in the part is a constant in the part in the	20b. DESCRIBE F	20f. CITY, TOWN,  15, 61 the date stated above 22b. ADDRESS 103 W.	OR LOCATIO	her alive on best of my kno  Windso	COUNTY  COUNTY  NOV . 1  wledge, from  or, Mo .	ased was ferroregnancy in last  No  ART II of item 1  22c. DAT 11-25

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

\_\_\_\_\_, Student Embalmer No.\_\_\_\_\_

	working under my p	personal supervision.	Calina.	) du ton
	Student		_ Signed	/auran
	\$	ignature of Student Embalmer		77.67
			License	d Embalmer No. 33 9/
		•		11.
r	• 11.	Profession	P. O. A	address Windson,
• •	with the above cons	above MUST BE SIGNED BY TH titutes grounds for revocation of by a STUDENT, he also shall sig is not embalmed, fact should be s	n in his OWN handwriting.	HANDWRITING. (Failure to o