				27			200	\E			STATE FILE	NUMBER
AMEND	DED	Þ	Registration District No	27 5 1969	Primary Regis	stration Dist	rict No. 300	Pegistrar's N	· <u> </u>			
<u> </u>			1. PLACE OF DEATH					2. USUAL RESID		ceased lived		n: Residence be
Ciweine		-	b. CITY (If outside co	ites	TOWNSHIP only	r) Ler	ngth of stay in 1b	c. CITY	ssouri '	 	Bates	Inside Lim
<u>֚֡֞</u> ֡֓֓֓֓֡֓֡֡֡֡֓֓֓֓֓֓֓֓֡֓֓֡֡֡֓֓֡֓֡֡֡֓֓֡֡֡֡֓֓֡֓֡			OR .		,,	, l		OR TOWN	A =1 == 2 = = -			Yes No
(-	c. FULL NAME OF (IF		ive location)		3 Days	d. STREET	_Adriar		ive location)	Reside on F
		_	HOSPITAL OR INSTITUTION BE	ates Co.	Mem.Hos	p.	Yes ₩ No □	ADDRESS				Yes No
1	H	-	3. NAME OF DECEASED	First	· · ·	Midd	lle	Last	4. DATE OF	Mon	th Da	y Year
			(Type or print)	George	H	lubert	ե .	Askew	DEATH	Janua	rv 9	1962
			5. SEX	6. COLOR OR R	ACE 7. Mai	rried 🗌	Never Married 🗌		H 9. AGE (las			EAR IF UNDER
		١.	Male	White		owed 🛣	Divorced [ニュナエースノーノ	4	87	/ / //	2
			10a. USUAL OCCUPATION during most of working			ND OF BUSI	INESS OR INDUST	11. BIRTHPLACE				OF WHAT COUN
11		1_	<u>Ret.Farmer</u>		<u>.</u>			Chilho	wee Mis			
			3a. FATHER'S NAME			13b. MOTH	ER'S MAIDEN NA	ΑE			USBAND OR W	
	1	_	<u>Elias Alber</u>	<u>rt Askew</u>			nie Hise	r		essie	May A	skew
		1.	S. WAS DECEASED EVER	: IN U.S. ARMED F	ORCES?	14.98CIA	2450131	17. INFORMANT				
		- 1	No	,, , , , , ,	,,	5±02-		<u> Frances</u>	Hess.A	drian	Mo.	
	1 1	1 -										
	OCLIMENT	OCOMEIN	18. CAUSE OF DEATH PART I.	IMMEDIATE C	ause per line for l USED BY: AUSE (a)	a), (b), and	es. The house		•			
ביים כל	DOCUMENT	DOCOMEIN	18. CAUSE OF DEATH PART I. Condition which go above stating	IMMEDIATE C. ns, if any, purise to cause (a), the under-	AUSE (a) UE TO (b)	a), (b), and	o Theh The H	c lo	•	lvs.	~ ·	
3	DOCUMENT		18. CAUSE OF DEATH PART I. Condition which go above stating lying c	IMMEDIATE C. ns, if any, ave rise to cause (a), he under- ause last. Di	AUSE (a) UE TO (b) UE TO (c)	DI CONTRI	theh The h		ud elli		II. If decease	d was female
}	DOCUMENT		18. CAUSE OF DEATH PART I. Condition which go above stating lying c	IMMEDIATE C. ns, if any, ave rise to cause (a), he under- ause last. Di	AUSE (a) UE TO (b) UE TO (c)	DI CONTRI	theh The h	e lo	ud elli		II. If decease there a pre-	d was female
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3	DOCUMENT		18. CAUSE OF DEATH PART I. Condition which g above stating lying c PART II.	ns, if any, ave rise to cause (a), the under-ause last. Did to disease condition	AUSE (a) UE TO (b) UE TO (c)	NS CONTRI	BUTING TO DEA	e lo	eld	PART I	II. If decease there a pre-	d was female grancy in last 9
}	DOCUMENT	CERTIFICATION	18. CAUSE OF DEATH PART I. Condition which g above stating lying c PART II. 19. WAS AUTOPSY PERFORMED YES NO 20c. TIME OF Hour	ns, if any, ave rise to cause (a), the under-base last. Didisease condition	SUE TO (b) UE TO (c) CANT CONDITION SUICIDE HOM	NS CONTRI	BUTING TO DEA	TH but not related	eld	PART I	II. If decease there a pre-	d was female grancy in last 9
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TOWARD TO

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STATEMENT BY LICENSED EMBALMER

	is recorded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	Signed AS:
StudentSignature of Student Embalmer	Signed
· ·	

P. O. Address Adrian Mo

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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.

CONTRACTOR MERCANA TOTAL TENER FROM