No.	Registrar's No
NS 300 Rev. 4/59	1. PLACE OF DEATH  6. COUNTY  Dunklin  C CITY  Dunklin  D
Rev. 4/59 Rev. 4	a. COUNTY  Dunklin  b. CITY (If outside corporate limits, give TOWNSHIP only)  DC NOWN  Kennett  C. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  C. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  C. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  C. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  C. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  C. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  C. CITY  ON  Arbyrd  Ves   No    Reside on Farm  No    3. NAME OF DECEASED  (I/ype or print)  Lourdez  Perez  Alvarez  Spanish  Town  Never Married
Conditions   Hunklin Co.   Hosp.   Verification   Co.   Verifi	Description
Conditions   Hunklin Co.   Hosp.   Verification   Co.   Verifi	C. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR  Reside on Farm  Yes C No   Text 1 1
Conditions   First   Conditions   Conditio	Section   Sunklin Co. Hosp.   Yest No.   Rt.   1   Yes 2 No.
SASTURION Bunklin Co. Hosp.   Rt. 1   Yes   Sasture	Section   Sunklin Co. Hosp.   Yest No.   Rt.   1   Yes 2 No.
Cype or print)   Lourdez   Perez   Alvarez   Opari   June   19, 196	Source   S
5. SEX   Sex	5. SEX    Spanish   Spanis
Female  Spanish  Widowed  6/17/1962  Months  Divorced  6/17/1962  Months  Months  Divorced  6/17/1962  Months  Months  Divorced  6/17/1962  Months  Divorced  6/17/1962  Months  Divorced  6/17/1962  Months  Divorced  6/17/1962  Months  Divorced  Months  Divorced  Months  Months  Months  Months  Months  Divorced  Months  Months  Months  Months  Months  Months  Months	Female Spanish Widowed Divorced 6/17/1962 Months Days Hours Min.  10a. USUAL OCCUPATION (Give kind of work done during most of working liff, even if retired)  11a. FATHER'S NAME  JOSE Creseniano Alverez  11b. MOTHER'S MAIDEN NAME  JOSE Creseniano Alverez  11c. Social Security No.  11c. CITIZEN OF WHAT COUNTRY  Kennett. Mo.  U. A.  11d. NAME OF HUSBAND OR WIFE  Octaviana Perez  11d. NAME OF HUSBAND OR WIFE  11d. NAME OF HUSBAND OR WIFE  Octaviana Alverez Rt. Arbyrd, Mo.  11d. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Stating the underlying cause last.  DUE TO (b)  Stating the underlying cause last.  DUE TO (c)
10 00 00 00 00 00 00 00 00 00 00 00 00 0	10a. USUAL OCCUPATION (Give kind of work done during most of working lift, even if retired)  13a. FATHER'S NAME  JOSE Creseniano Alverez  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).  PART I. DEATH WAS CAUSED BY:  17. INFORMANT  OCTAVIANA Alverez  OCTAVIANA Alverez  OCTAVIANA Alverez  16. SOCIAL SECURITY NO.  17. INFORMANT  OCTAVIANA Alverez  Rt. Arbyrd, Mo.  INTERVAL BETWEEN ONSEL AND DEATH ONSEL AND DEA
13. MANE OF HUSBAND OR WIFE   13. MANE OF HUSBAND OR WIFE   14. NAME OF HUSBAND OR WIFE   15. WAS DEFEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   19. Was autions (a), and an an an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal dis	13b. MOTHER'S MAIDEN NAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE
13. MANE OF HUSBAND OR WIFE   13. MANE OF HUSBAND OR WIFE   14. NAME OF HUSBAND OR WIFE   15. WAS DEFEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   19. Was autions (a), and an an an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal disease condition given in PART I (a)   19. Was autions (a), and an analysis of line of the terminal dis	13b. MOTHER'S MAIDEN NAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE
13   15   15   16   16   16   17   18   18   18   18   18   19   19   19	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, o unknown) (If yes, give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (b)  DUE TO (c)  17. INFORMANT  Address  OCtaviana Alverez Rt. Arbyrd, Mo.  INTERVAL BETWEEN CNSEL AND DEATH  24. Arbyrd, Mo.  DUE TO (b)  Stating the underlying cause last.  DUE TO (c)
10   10   16   CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   11   12   2   0   0   0   0   0   0   0   0	(Yes, no, o unknown) (If yes, give war or dates of service)    18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only on
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).    10	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  DUE TO (c)
IMMEDIATE CAUSE (a)    12	Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last.  DUE TO (c)
White gave rise to above cause (a), stating the under-lying cause last.    DUE TO (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in the date stated above, cause (a), stating the under-lying cause last.    DUE TO (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in the date stated to the terminal part II. If deceased was fixed to disease condition given in PART II of them per	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)
13 5 - 0   13 5 - 0   13 5 - 0   13 5 - 0   14   15   15   15   15   15   15   15	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)
TO SEATING THE UNITED TO SEATING TO DEATH but not related to the terminal part III. If decessed was find there a pregnancy in I part III. If decessed was find disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO III. NO III. If decessed was find disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO III. If decessed was find disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO III. If decessed was find disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO III. If decessed was find disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO III. If decessed was find disease condition given in PART I (a)  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item part in PART II or PART II of item part in PART II or P	above cause (a), stating the under-lying cause last. DUE TO (c)
VO NO   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal diseased was find there a pregnancy in I was autopsy performed?    Vo No No   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in I was autopsy performed?   Vest   No   Part II. If decessed was find there a pregnancy in I was autopsy performed?   Vest   No   Part II. If decessed was find there a pregnancy in I was autopsy performed?   Vest   No   Part II. If decessed was find there a pregnancy in I was autopsy performed?   Vest   No   Part II. If decessed was find there a pregnancy in I was autopsy performed.   Vest   No   Part II. If decessed was find there a pregnancy in I was autopsy performed.   Vest   No   Part II. If decessed was find there a pregnancy in I was autopsy performed.   Vest   No   Part II. If decessed was find there a pregnancy in I was autopsy performed.   Vest   No   Part II. If decessed was find there a pregnancy in I was autopsy performed.   Vest   No   Part II. I decessed was find there a pregnancy in I was a pregnancy in	lying cause last. J DUE TO (c)
AND THE APPEARANCE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION    County   County	disease condition given in PART I (a)  There a pregnancy in last 90 days  There a preg
NOT WHILE AT WORK   20c. TIME OF HOUR Month, Day, Year INJURY e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY while AT WORK   20d. INJURY OCCURRED will arm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)	19. WAS AUTOPSY   20s. ACCIDENT SUICIDE HOMICIDE   20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
NOT WHILE AT WORK   20c. TIME OF HOUR Month, Day, Year INJURY e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY while AT WORK   20d. INJURY OCCURRED will arm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)	E 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.)
NOT WHILE AT WORK   20c. TIME OF HOO'R Month, Day, Year INJURY or a.m. p.m.  20d. INJURY OCCURRED A.m. p.m.  20d. INJURY OCCUR	Line   PERFORMED   日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日
The state of the date stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above.	
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20e. PLACE OF INJURY (e.g., in or about home, and lest saw, her alive on the lest of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and to the best of my knowledge, from the causes street above, and the causes street above, and the causes above, and the causes above, and the causes above, and the causes above, and	O NJURY a.m. p.m.
21. I attended the deceased from	20d. NJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, YOWN, OR LOCATION COUNTY STATE
	NOT WHILE AT WORK
	21. I attended the deceased from
	m on the date stated above, and to the best of my knowledge, from the causes stated.
ここ:	O B STATE OF THE S
23a. BURIAL, CRI MATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (St	1 1 1 0 a 20 0 . Unean 1 1.0 - Dox 23 1, Small, 100. 6 Pb/62
Senath Mo.	REMOVAL (Specify) 6/20/ 962 Senath Senath Mo.
	McDaniel Funeral Service, Senath, Mo. 6-21-1962 Guldfurhan

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereb	y certify that the body whose	name is recogg	ded on the reverse	side of this certificate was embalmed by me,
or by			<del></del>	, Student Embalmer No
working under	my personal supervision.			Λ Λ Λ Λ
itudent			Signed ()	Ishell
	Signature of Student Embalmer	٠.		
		War a.j.	-	Licensed Embalmer No. 4970
	<i>}</i>			P. O. Address Seath 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.