MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE.

-63-012265

DEP	ARTM	ENT	OF	PUBLI	C HEALTH AND WE	LFARE		464	41	20	STATE FILE NU	MBER
DO NOT WRITE ON THIS STUB		AMEN	IDED	I-	Registration District No			rict No. <u>5.0.7</u>	Registrar's No.			
VS 300		1 1			a. COUNTY Lafa				2. USUAL RESIDEN	CE (Where deceased	ived. If institution:	Residence before admission)
Rev. 4/59	厚				b. CITY (If outside cor OR	porate limits, give TOWN	**	ogth of stay in 1b	c. CITY OR			Inside Limits
_						ngton (rura	al) ` Y	ears 58	TOWN Le	exington		Yes ☐ No ☐X
0540	\ <u>\</u>					NOT in hospital, give loca	tion)	Inside Limits	d. STREET ADDRESS		, give location)	Reside on Farm
20540	DATE AMENDED	11		I -	HOSPITAL OR R	.R2		Yes 🗆 No 🌠		R.R. 2		Yes X No []
3 ′	1 🗂	П			3. NAME OF DECEASED (Type or print)	First	Midd	le	Last	4. DATE OF	Month Day	- Year
	1					FANNIE _	CATHER	INE ASP	HFORD	DEATH Man		.963
<u> </u>	1				5. SEX	6. COLOR OR RACE		Never Married	8. DATE OF PIRTH		y) IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
5 _{2.}					Pemale	White	Widowed 🗵	Divorced	127, 1904			
6	\\ \omega_{\begin{subarray}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				ios. USUAL OCCUPATION during most of workin HOUSEWIIE	(Give kind of work done g life, even if retired)	1	NESS OR INDUSTRY	Lexingt	on. Mo.	y) 12. CITIZEN OF U.S.A.	
7	[6			-	136. FATHER'S NAME		13b. MOTH	ER'S MAIDEN NAMI			F HUSBAND OR WIFE	
	뎧				George S.	Mudd .	Hatt	ie linet	ack	Earl /	shford (Dec)
8 <u>2</u>	2			1-	15. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCIA		17. INFORMANT		Address	3.6
974X	<u> </u>			, I -	Yes, no, or unknown) (if	Make only one care per	line for (a) (b) and	ne	Mr. Willi	am Mudd	Lexingtor	TERVAL BETWEEN
10]₹	1		<u> </u>	PART I.	(Enter only one cause per DEATH WAS CAUSED BY		Sile.	Per ha	aline	ິດເ	NSET AND DEATH
11	히哥	Ш		MOCO		IMMEDIATE CAUSE (a	مالاتي	·		1		
	집	ŀ		ğ	Condition	ns, if any,) DUE TO (i	Defres	sion org	& suidd	In death	السحور م	
12 90 - 3	FIST				j which ga	ive rise to ause (a),	10	0 /	+ Apr	,		
133-0	루투	${}^{+}$	+		stating to	he under-} suse last. DUE TO (e) trust	and !	recents/			
	8			Z	PART II.	OTHER SIGNIFICANT C disease condition given	ONDITIONS CONTR	BUTING TO DEAT	H but not related to	the terminal PA		was female was ncy in last 90 days.
	ξ ξ			3							d □ Yes □	
	MENT	ŀ		CERTIFICATION	19. WAS AUTOPSY PERFORMED?	20. ACCIDENT SUICID	E HOMICIDE		W INJURY OCCURRED.	(Enter nature of injury	in PART I or PART II	of item 18.)
	AMENDM			_	1			Suc	ade of	hang	mg_	
Z Z	₹	IJ		WEDICAL	20c. TIME OF Hour INJURY a.m.	Month, Day, Year				•		
INK RIBBON	1			. 3	20d. INJURY OCCURRE	D 20e. PLACE	OF INJURY (e.g., in factory, street, office	or about home, 2	20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE
		H			WHILE AT WORK NOT WHILE AT W		factory, street, office	blag., erc.)				
BLACK OR RITER R	READ				21. I attended the dec	ceased from //U	ve	, to	end	last saw her alive on	neser	
	"				Death occurred at	(I) annes of	ngliffet.	m on the	e date stated above, a	nd to the best of my l	nowledge, from the c	
USE	GINOHS			ဝ	22a. 6439450189	(Dec	proc or tifle)		22b. ADDRESS ·			22c. DATE SIGNED
USE BLACH OR TYPEWRITER	똜				1 yruma	runno		D. & Co		lessa. Mo.		3-14-63
•	I └	$\vdash \vdash$	+	AFFIDAVIT	23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	•	CEMETERY OR CRE		3d. LOCATION (City,		(State)
	ģ	$\{\ \}$			Burial	3-15-63		elah Cen	netery	Lexingt of the Lexing		·10 •
	TEM			BY A	24. FUNERAL DIRECTOR Vaughn-Walks		oress on Mo	25. 04	. 13-6.		sa Etai	V/- mel
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STATEMENT BY LICENSED EMBALMER

, Student Embalmer No
Signed Harold L. Walker
Licensed Embalmer No. 2/5-8-8
P. O. Address Lexington he

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.