DEPA	RTM	EM T				VISION OF HEALTH – STANDARD CERTIFICATE OF DEATH =63-01			
		,	Ų,	PU1	BLIC B	existration District No. 2 2 2 3 8 Priming Pagistration District No. 300 (2 Begistration No. 3 2 8	JMBER		
DO NOT WRITE ON THIS STUB		AMEN	IDED			TILED MAI 13 1503			
VS 300 Rev. 4/59	<u>e</u>		_	1	1 	e. COUNTY BOONE COUNTY, MO. 2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATEMISSORT b. COUNTY HEREY	admission)		
_	AMENDED					town Columbia, Missouri Length of stay in 1b c. CITY OR TOWN Columbia, Missouri // days Town CLinton	Inside Limits Yes No 🗆		
20425	DATE A					c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR WAI DETECTE OF MISSOURS INSTITUTION Medical Center Yes B No ADDRESS 209 W. HEWRY STreet	Reside on Farm Yes No		
3 2	ľ		\dagger	7	-3	3. NAME OF DECEASED First Middle Lest 4. DATE Month Day (Type or print) ADA ADAMS DEATH MAY 6	Year 1963		
4 /	ļ				-5	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR			
5 2	2				10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF	WHAT COUNTRY		
7 0					13	13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE			
	€ .					(es, no, or ynknown) ((if yes, give war or dates of service)	•		
10	AK.			Ë	1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY:	ITERVAL BETWEEN NSET AND DEATH		
11	S OF OF			DOCUMEN		IMMEDIATE CAUSE (a) Pulmoncing Comball	· ·		
12 2 - 0 3 13 3 - 0	INSTE/		-	M -		Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last.) DUE TO (b) Thombook below the same of the sa			
	20		1.		MOIT		was female was ency in last 90 deys.		
ON SAKENDAKENTS	JAEN L				CERTIFIC	19. WAS AUTOPSY 20a, ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART II			
Z Z	AMEN				DICALC	YES NO [] 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.			
BLACK INK OR RITER RIBBON					W	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)	STATE		
BLAC OR RITER	READ					21. I attended the deceased from \$\frac{1}{2} - \frac{1}{2} - \frac{1}{2} \], to \$\frac{5 - 6 - 6}{2} \] and last saw the alive on \$\frac{5 - 6 - 6}{2} - \frac{1}{2} \] Death occurred at \$\frac{1}{2} \frac{1}{2} \frac{1}{	L3		
USE BLACK OR TYPEWRITER	SHOULD			VIT OF		229 SIGNATURE (Degree or title) 22b. ADDRESS 22b. ADDRESS 4 Don M. Columbia M.	22c. DATE SIGNED 5-3-(2)(State)		
	M NO.			AFFIDAVIT	,	REMOVAL (Specify) 3-7-63 Englewood Con, Clenton	Me.		
	ITEM			B⊀		Garsalle F.H. Centon Mo May 7 1963 Mrs RE Palm	nen		

STATEMENT BY LICENSED EMBALMER

r by	, Student Embalmer No
orking under my personal supervision.	0117 XI 00'
odentSignature of Stüdent Embalmer	Signed Signed Signed
	Licensed Embalmer Non
	P. O. Address (elember)

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.