

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023664
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 149

FILED JUN 26 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED														
1 6004		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS													
2 8150			INSTEAD OF												
3				DOCUMENT											
4 0					MEDICAL CERTIFICATION										
5 1						BY AFFIDAVIT OF									
6							SHOULD READ								
7 1								ITEM NO.							
8 0									TYPEWRITER RIBBON						
9 1538										OR					
10											USE BLACK INK				
11												REMOVAL (Specify)			
12 6-0													FUNERAL DIRECTOR		
13 20	ADDRESS														
		DATE RECD. BY LOCAL REG.													
			REGISTRAR'S SIGNATURE												
				LOCATION (City, town, or county)											
					STATE										
						NAME OF CEMETERY OR CREMATORY									
							DATE								
								BURIAL, CREMATION, REMOVAL (Specify)							
									SIGNATURE						
										DEGREE OR TITLE					
											ADDRESS				
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JUL 3 1963

JUN 27 1963

Dr. Willoughby
Burial 11:00
11-2-9511
11:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tracy McCurdy
Licensed Embalmer No. 5125

P. O. Address Kansas City, 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.