MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH Primary Registration District No. 3006 Registrar's No. 55 STATE FILE NUMBER Registration District No. DO NOT WRITE AMENDED FILED AND 26 1989 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY VS 300 admission) AMENDED 00 ne Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN Columbia days Yes III No 🗆 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm DATE HOSPITAL OR ADDRESS University of missouri INSTITUTION Yes DANS I Circus Yes No 🗆 Center med, cal NAME OF DECEASED Middle DATE Month Dav Year (Type or print) 9ar DEATH 1963 nderSon 6. COLOR OR MACE Never Married 9. AGE (lost birthday) | IF UNDER | YEAR | IF UNDER 24 HR 5. SEX 7. Married D Widowed Divorced [Male Megroid 11. SIRTHPLACE (City and state or country) IDS. KIND OF BUSINESS OR INDUSTRY 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) zewell co. FOLLOW Minister 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a. FATHER'S NAME Hnderson Beulah arah Address Colum Para INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) 495-12-0013 nderson 뮕 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DOCUMEN 10 CORD IMMEDIATE CAUSE (a)ö 11 INSTEAD Conditions, if any,) DUE TO (b) which gave rise to S above cause (a). 王 stating the under-DUE TO (c) lying cause last. PART III. If deceased PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the farminal ō there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS ☐ Yes □ No □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of item 18.) HOMICIDE 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE PERFORMED YES NO Month, Day, Year 20c. TIME OF Hour RIBBON INJURY p.m. USE BLACK INK STATE 20f. CITY, TOWN, OR LOCATION COUNTY 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK **FYPEWRITER** REA. 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS 22a. SIGNATURE lō l≒ (Staye) 23d. LOCATION (City, town, or county) **AFFIDA** 23a, BURIAL, CREMATION, ò 26. REGISTRAR'S SIGNATURE TEM

(Licensed Embalmer's Statement on Reverse Side)

24. FUNERAL DIRECTOR

STATEMENT BY LICENSED EMBALME

and the contract of the

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by					, Student Embalmer No
rking under my personal supervision.					Signed Marsen &
	Signature of Student Embalmer				
					, Licensed Embalmer No 32 +3
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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.

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