## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

· 263-041040

BEGINTER OF DICT IS SET  PARTY OF MINISTED  NO NOT WHIST TO MINISTED  VS 300  REV. 4759  1 9921  2 9921  3 2 2	DEPA	LA TM	ENT	OF P	UBLIC		STATE FILE NUMBER
SOUNT St. Charles  1. Place of Bears  2. SHALL ESIDENCE (Three decreased lived: II inclination, insidence before a country St. Charles  3. COUNT St. Charles  3. COUNT St. Charles  4. COUNT St. Charles  5. CITY (10 existing copyres limits, give 10 city only)  1. Place of Bears  1	DO NOT WRITE	,	AMEND	)EĐ	1 _R	egistration District No. 301 Primary Registration District No. 6 19 4 F. Registrat's No. 46	
SOUNT St. Charles and the state of the state	ON INIS STUB				-1	PLACE OF DEATH	lived. If institution: Residence before
Bey 4.59  8 - Letty (if ourside congresse limits, give Townshirt only)  1 - Apal  2 - Apal  2 - Apal  2 - Apal  3 - 2 - Apal  4 - O - C. Fill, NAME Of (if NOT in hospite), give location)  4 - O - C. Fill, NAME Of (if NOT in hospite), give location)  4 - O - C. Fill, NAME Of (if NOT in hospite), give location)  5 - I - C. Fill Name  4 - O - C. Fill, NAME Of (if NOT in hospite), give location)  5 - I - C. Fill Name  5 - I - C. Fill Name  5 - I - C. Fill Name  6 - C. Fill, NAME Of (if NOT in hospite), give location)  7 - C. Fill Name  6 - C. Fill Name  7 - C. Fill Name  8 - C. C. Fill Name  8 - C. C. Fill Name  9 - Apal  10 - C. Fill Name  11 - C. Fill Name  12 - C. Fill Name  13 - C. Fill Name  14 - C. Fill Name  15 - Fill Name  16 - C. Fill Name  17 - Fill Name  17 - Fill Name  18 - C. Fill Name  19 - Apal  10 - C. Fill Name  11 - C. Fill Name  12 - C. Fill Name  13 - C. Fill Name  14 - C. Fill Name  15 - Fill Name  16 - C. Fill Name  17 - Fill Name  18 - C. Fill Name  19 - Apal  19 - Apal  10 - C. Fill Name  19 - Apal  10 - C. Fill Name  11 - C. Fill Name  12 - C. Fill Name  13 - C. Fill Name  14 - C. Fill Name  15 - Fill Name  16 - C. Fill Name  17 - Fill Name  17 - Fill Name  18 - C. Fill Name  19 - Fill Name  19 - Fill Name	vs 300	ا م			'		1 A 1 ) administra
MOSPITAL ON 18   Pitman   Ves   Mos   Mospital Os   Pitman   Ves   Mospital Os   Pitman   Pitman   Ves   Mospital Os   Pitman   Pitma		宣			1 -	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b   c. CITY	<del>- , ·</del>
MOSPITAL ON 18   Pitman   Ves   Mos   Mospital Os   Pitman   Ves   Mospital Os   Pitman   Pitman   Ves   Mospital Os   Pitman   Pitma	•	Ę.			1		
NSITUTION   STATE   No.   No	اردورا		(		1-	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside	
2 NAME OF BECASED PISS OF MODIFIED TO PER IN USE OF PROPERTY OF THE CONTROL OF TH		ATE			1	HOSPITAL OR ADDRESS	
Compared to the print   Comp	<b>4</b> L	٩	$\vdash$	+		R. NAME OF DECEASED First Middle Lost 4. DATE	
Moderated Described Serviced Described Describ						(Type or print) Arthur H. Barclay DEATH OC-	t. 12, 1963
10. SUSAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY JOHN COUNTR	4 0						
during goas of working life, even if retired   U.S. Post Office   Palmeroy, OHio   U.S. A      10					-10		1 1 1
The statilet's NAME  12. MAILET STATILET'S NAME  13. MAILET STATILET'S NAME  14. NAME OF PUSAND OR WIFE  15. WAS DECEASED EVER IN U.S. ARMED FORCESY  15. WAS DECEASED EVER IN U.S. ARMED FORCESY  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF PERFORMENT (Fort col), one cause por line for (a), t.b), and (c).  10. OO DOOD  11. INFERVAL BETWEEN  12. OO FAILOR, MOO OF JAMES OF PERFORMENT (CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part in PART II. If deceased was tensite where a prognancy in last 70 days  19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in PART II or PART II of Item 18.)  19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in PART II or PART II of Item 18.)  19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in PART II or PART II of Item 18.)  20. INJURY OCCURRED NOT WINTER, STORMEND ON THE SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in PART II or PART II of Item 18.)  20. INJURY OCCURRED NOT WINTER, STORMEND ON THE SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in PART II or PART II of Item 18.)  20. INJURY OCCURRED NOT WINTER, STORMEND ON THE OCCUPANT OF COUNTY STATE  20. INJURY OCCURRED NOT WINTER, STORMEND ON THE OCCUPANT ON THE OCCUPANT OF COUNTY STATE  20. INJURY OCCURRED NOT WINTER, STORMEND ON THE OCCUPANT ON THE OCCUPANT OF COUNTY STATE  20. ADDRESS 20 LOCATION (Civ., 100m., or county) (State)  20. ADDRESS 21. DATE OF OT OCCUPANT ON THE OCCUPANT ON		<u></u>   §			Ŕ	et. Posta Clerk etired) U.S. Post Office Palmeroy, OHio	USA
15. WAS DECRASED EVER IN U.S. ARMED FORCES  9/200  10  10  10  10  11  10  10  10  10	7 , 1:	∃l			1 44	I 13b. MOTHER'S NAME 14. NAME C	/
10   10   10   10   10   10   10   10	8 _	ᄯᅵ				5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	94720	ا <u>۱</u>			(1		
IMMEDIATE CAUSE (a)    IMMEDIATE CAUSE (a)   Conditions, if any, which gave rise to generally and the property of the country which gave rise to generally and the underly which gave rise to generally a condition given in PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal have a propagatory in last 70 days in	10	¥		5	Ţ <b>]</b> Ţ	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if env, which gave rise to above cause (a) stating the underly which gave rise to above cause (a) stating the underly lying cause (a) pour to (c) attained to the terminal part III. If deceased was female was	I(	ᅙᆙ			<b>[</b> ]	fill the state of	
which gave rise to above cause (a), itsing cause	16	0 0 0 1 0			<u> </u>	Da Dias Illians	24 her.
STATE    STATE	1290-2	IS R			<b>'</b>	which gave rise to	1 2/
AND THE PROCESS TO STATE    Section   County   C		로   <u>록</u>	+	+		stating the under- lying cause last. DUE TO (c) Unlessellerolico Telaco Cleses	
NOT WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE   20f. CI		<u> </u>			Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	RT III. If deceased was female was there a pregnancy in last 90 days.
NOT WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. In or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE while AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STATE   20f. CI	į.	Z			Š		<del>'-</del>
20c. IIME OF Hour Month, Day, Year INJURY e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE  WHILE AT WORK   20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE  WHILE AT WORK   20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE  WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE  WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE  WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE  21. I attended the deceased from 2 e. 10		JOMEP			CERTIFI	PERFORMED?	y in PART I or PART II of Item 18.)
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Death occurred at Death occurre	z	<b>Ş</b>				20c. TIME OF Hour Month, Day, Year	
21. I attended the deceased from	¥ 없	⋖			MED	p.m.	COUNTY STATE
Death occurred at 22c. DATE SIGNE  22a. SIGNATURE    Death occurred at 22c. DATE SIGNE   Death occurre						WHILE AT WORK (1) farm, factory, street, office bldg., etc.)	
Death occurred at 22c. DATE SIGNE  22a. SIGNATURE    Death occurred at 22c. DATE SIGNE   Death occurre	A S S	AD				1/-10-62 . $1/0-12-63$ and last saw it alive on	10-11-63
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, REMOVAL (Specify)  23d. LOCATION (City, town, or county)  (State)  23d. LOCATION (City, town, or county)  (State)  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE	BL	2				A many the date stated above, and to the best of My	
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, REMOVAL (Specify)  23d. LOCATION (City, town, or county)  (State)  23d. LOCATION (City, town, or county)  (State)  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE	JSE	1100	١.	برا	5	20% ADDRESS	22c. DATE SIGNED
$ \Box $	17.	ž				Ulluta (). Kalper DO- 4/1 farming S	
$ \Box $	,	ģ			Ž 2.	REMOVAL (Specify) Qet 15, 1963 Oak Grove, Cemetery St. Louis,	Mo
		₹.			_	FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 20. REGISTRAR	No +++0
(Licensed Embalmer's Statement on Reverse Side)		ĮΞ		å	° I Ke	1114 Davis Marka Thomas Constitution	in eventy -

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## STATEMENT BY LICENSED EMBALMER

r by	**************************************	Student Embalmer No
<u> </u>	4	, states Temperature
orking under	my personal supervision.	$\lambda = \lambda $
udent		Signed Very A. Dav
	Signature of Student Embalmer	
		Licensed Embalmer No. 5139
,		Licensed Embalmer No.

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.