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NS 300  Rev. A/50  B. CITY OF COUNTY    COUNTY   County Congress   County	ON THIS STUB	AMENDEL		A-LIEUZ/BA **	lence hefore
3 - ADDEES AND AND AND ADDEED AND	VS 300			1101 01 210111 / / / / /	
3 - ADDEES AND AND AND ADDEED AND	Rev. 4/59			b. CITY (if outside corporate limits, give TOWNSHIP, only)  Length of stay in 1b c. CITY  OR OR	side Limits
3 - ADDEES AND AND AND ADDEED AND	1	W WE	• •		<u> </u>
3. AAME OF DECEASED  First  Middle  Last, DATE ON DEATH  MORTH DOUBLET LAST, DATE ON DEATH  MORTH DOUBLET LAST, DATE OF BIRTH  N. AGE (last Grindway) DEUT LOST THE MORTH DATE OF MORTH DEATH  TO JULY DEATH DOUBLET LAST PLUMES 24 HE  Wildle MIDD NOTE OF BIRTH  N. AGE (last Grindway) DEUT LOST PART II. GRINDWAY DEUT LOST PART II. GRINDWAY DEUT LOST PART II. SHIPHFACE (City and state or country) 12. CHITZEN DO WINE  MARK OF PUBLISHAD OR WIFE  TO JULY DEUT LOST PART II. SHIPHFACE (City and state or country) 12. CHITZEN DO WIFE DEUT LOST PART II. SHIPHFACE (City and state or country) 12. CHITZEN DO WIFE DEUT LOST PART II. SHIPHFACE (City and state or country) 12. CHITZEN DO WIFE DEUT LOST PART II. SHIPHFACE (City and state or country) 13. CALLES AND DESTREES  NO. SECRETAR DEUT LOST AND MID PORCESS 10. MORTH STORMAN DEUT LOST AND DEUT LOST PART II. SHIPHFACE (City and state or country) 12. CHITZEN DO WIFE  13. CAUSE OF PUBLISHAD OR WIFE  14. NAME OF PUBLISHAD OR WIFE  15. MORTH STORMAN DEUT LOST PART II. SHIPHFACE (City and state or country) 15. WAS ARREST DEUT LOST AND SHIP PART II. SHIPHFACE (City and state or country) 16. SOCIAL SECURITY NO.  17. INFORMAN  18. CAUSE OF PUBLISHAD OR WIFE  18. SOCIAL SECURITY NO.  19. WAS ARREST DEUT LOST AND SHIP PART II. SHIPHFACE (City and state or country) 16. SOCIAL SHIP PART II. SHIPHFACE (City and state or country) 17. INFORMAN  18. CAUSE OF PUBLISHAD OR WIFE  19. WAS ARREST DEUT LOST AND SHIP PART II. SHIPHFACE (City and state or country) 18. CAUSE OF PUBLISHES OR WIFE  19. WAS ARREST DEUT LOST AND SHIP PART II. SHIPHFACE (City and state or country) 18. CAUSE OF PUBLISHES OR WIFE  19. WAS ARREST DEUT LOST AND SHIP PART II. SHIPHFACE (City and state or country) 19. WAS ARREST DEUT LOST AND SHIP PART III. SHIPHFACE (City and state or country) 19. WAS ARREST DEUT LOST AND SHIP PART III. SHIPHFACE (City and state or country) 19. WAS ARREST DEUT LOST AND SHIP PART III. SHIPHFACE (City and state or country) 19. WAS ARREST DEUT LOST AND SHIP PART III. SHIPHFACE (City and state or co				(I) CHOSPITALOR ADDRESS APPRESS	
SEX 6. COLOR OR RACE  7. Married M Never Married   S. DATE OF BIRTH 9. AGE (less fundam) If UNDER YEAR IF UNDER 21 HE  10. USUAL OCCUPATION (give kind of work done duples of working the year if retired)  11. BLUNCAL OCCUPATION (give kind of work done duples of working the year if retired)  12. DATE (STAME)  13. MARRIES NAME  13. MARRIES NAME OF RUSSAND ON WIF 1.  14. SOLFAR SECURITY NO. 17. INFORMANT  15. WAS DECEASED EVER IN U.S. ABMED FORCES? (I.S. DATE OF BUSINESS OR INDUSTRY)  10. DOT 11. SAME OF PART I. DATE OF BUSINESS OR INDUSTRY OF WHAT COUNTRY  11. SAME OF PART I. DATE OF BUSINESS OR INDUSTRY OF WHAT COUNTRY  11. SAME OF PART I. DATE OF BUSINESS OR INDUSTRY OR INDUSTRY OF WHAT COUNTRY  11. SAME OF PART I. DATE OF BUSINESS OR INDUSTRY OR INDUSTRY OR WIF 1.  12. CAUSE OF BEATH (Enter only wor cause part line for (s), (b), and (c).  13. DUE TO (s)  14. CAUSE OF BEATH (Enter only wor cause part line for (s), (b), and (c).  14. CAUSE OF BEATH (Enter only wor cause part line for (s), (b), and (c).  15. WAS DECEASED EVER IN U.S. ABMED FORCES? (I.S. DUE TO (s))  16. CAUSE OF BEATH (Enter only wor cause part line for (s), (b), and (c).  17. DATE OF BEATH (Enter only wor cause part line for (s), (b), and (c).  18. CAUSE OF BEATH (Enter only wor cause part line for (s), (b), and (c).  19. WAS AUTOPSY 30. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCUSSED, (Enter nature of Injury in PART II. of Hem IB.)  19. WAS AUTOPSY 30. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCUSSED, (Enter nature of Injury in PART II of Hem IB.)  20. NOT WHILE AT WORK   200. DATE   200. DESCRIBE HOW INJURY OCCUSSED, (Enter nature of Injury in PART II of Hem IB.)  21. L. ATHERON OF AUTOPSY 30. ACCIDENT SUICIDE INJURY (e.g., in or about home, 100. CITY, TOWN, OR LOCATION COUNTY STATE INJURY (c), Injury in part in the deceased from 100. 100. Injury in part in the preparation in the best of my knowledge, from the cause stated.  22. SIGNATURE 10. DATE (C) AND AUTOPSY 100. DATE 100. DATE 100. DATE 100. DATE 100. DATE 100. DATE	6	-   -   -	→         I	• I or O	
Solid State	4				<del>'</del>
TO SOLUTION GOVERNMENT COUNTRY    10	7 /			2. SEX   O. COLOR OR RACE   7. Medited 21 Novel Medited   10. DATE OF BIRTH   1	<del></del>
TO OUT BEAT HILLS NAME OF PUSSAND OR WIFE.    138. MAS DECERSE EVER IN U.S. ARRED FORES? (Yes, no. of twicknown) (If yes, gluony or dates of service) (16, SOCIAL SECURITY NO. 17, INFORMANT Adject.)   10	5 /				T COUNTRY
Social Security No.   17. INFORMANT   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), (b), and (c).   18. CAUSE OF BRATH (Enter only one cause net line for (a), bath (c), and (c),		8		Houseufe Tone Drew Mo. 25A	
Section   Sect	7 (2)	3		13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE	
10   10   10   10   10   10   10   10	8 🦛 🖰	<del>-</del>		15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address	
10   10   10   10   10   10   10   10		ŭ	1	-us ho ho huis mailin timen.	no.
Conditions, if any, which gave rise to above cause (a), lying cause last. DUE TO (c)    NOTE   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in lest 90 days. There are pregnancy in lest 90 days. There are pregnancy in lest 90 days. In the part of the part of the terminal there a pregnancy in lest 90 days. In the part of the part of the part of the part of the terminal there a pregnancy in lest 90 days. In the part of t	<del></del>		Σ	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: ONSET	AL BETWEEN AND DEATH
DUE TO (b)  which gave rise to above cause [ast.]  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.  PART III. If deceased was frendle was there a pregnancy in last 90 days.    PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was there a pregnancy in last 90 days.   PART III. If deceased was frendle was fren		종[유]		IMMEDIATE CAUSE (a)	ka.
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NOT WHILE AT WORK   200. PLACE OF INJURY (e.g., in or about home, location   200. Injury in part   200. ACCIDENT   200. PLACE OF INJURY (e.g., in or about home, location   200. Injury in part   200. ACCIDENT   200. PLACE OF INJURY (e.g., in or about home, location   200. Injury inj	12/-0	STE		which gave rise to	
STATE	13 /	≖  <del>≤</del>   <del> </del>	-	stating the under-	
NOW WELL AT WORK Day, Year p.m.  20d. INJURY OCCURRED WHILE AT WORK Marriage p.m.  20d. INJURY OCCURRED WHILE AT WORK Day, Year farm, factory, street, office bldg., etc.)  21. I attended the deceased from 1955 Am on the date stated above, and to the best of my knowledge, from the causes stated.  22a. SIGNATURE  (Degree or title)  22b. ADDRESS  22c. DATE SIGNED  22a. BURIAL, GREMATION 23b. DATE  23a. BURIAL, GREMATION 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  (State)  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  LACK BEGISTRAR'S SIGNATURE  LACK BEGISTRAR'S SIGNATURE  LACK BEGISTRAR'S SIGNATURE  25c. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  LACK BEGISTRAR'S SIGNATURE  LACK BEGISTRAR		5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was there a pregnancy in	female was n last 90 days.
NOW WELL AT WORK Day, Year p.m.  20d. INJURY OCCURRED WHILE AT WORK Marriage p.m.  20d. INJURY OCCURRED WHILE AT WORK Day, Year farm, factory, street, office bldg., etc.)  21. I attended the deceased from 1955 Am on the date stated above, and to the best of my knowledge, from the causes stated.  22a. SIGNATURE  (Degree or title)  22b. ADDRESS  22c. DATE SIGNED  22a. BURIAL, GREMATION 23b. DATE  23a. BURIAL, GREMATION 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  (State)  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  LACK BEGISTRAR'S SIGNATURE  LACK BEGISTRAR'S SIGNATURE  LACK BEGISTRAR'S SIGNATURE  25c. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  LACK BEGISTRAR'S SIGNATURE  LACK BEGISTRAR	L L	2		Yes No	☐ Unknown
NOT WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, p.m.   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE      20d. INJURY OCCURRED   WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, p.m.   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE		SOWE			em 18.)
20d. INJURY OCCURRED WHILE AT WORK Death occurred at 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20f. CITY, TOWN, OR LOCATION COUNTY STATE  21. I attended the deceased from 1955, to 1-23-64 and (ast saw fier) alive on 1-23-64  22a. SIGNATURE (Degree or title) 22b. ADDRESS  22a. SIGNATURE (Degree or title) 22b. ADDRESS  22a. BURIAL, REMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  22a. BURIAL, REMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY 23d. LOCATION (City, town, or county) (State)  22b. ADDRESS 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 24c. NAME 24c. 1964 WILLIAM BIGUMD  22c. DATE SIGNED 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. RE		AWE		20c. TIME OF Houl Month, Day, Year INJURY a.m.	
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23a. BURIAL, CREMATION 23b. DATE  PREMOVAL (SPETCH)  1-25-64  23c. NAME OF CEMETERY OR CREMATORY  COUNTY  23d. LOCATION (City, town, or county)  (State)  COUNTY  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REGN. 26. REGISTRAR'S SIGNATURE  FL. SCHABER 9 CLINTON, Mo. JAN 24, 1964  Willand Bigumo	m				
ELSCHABERG CLINTON, MO JAN 24, 1964 Mildaed Biguno	US	SHOL		Hugh B. Walker, Mp Clinton, Mo. 1-	- 94-64
ELSCHABERG CLINTON, MO JAN 24, 1964 Mildaed Biguno		Ö	FIDA	Bremoval (signify) 1-25-64 Englewood Clinton M	(State)
FI PL SCHABERY LINTON, 110 JAN 24, 1764   Millie Bigumo		EW		24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	
		=	<b>a</b>	(Licensed Embalmer's Statement on Reverse Side)	um



## 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
vorking under my personal supervision.	Signed F Lelebera
Signature of Student Embalmer	Signod / O)
	Licensed Embalmer No. 45/3
	P. O. Address Cleulan 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.