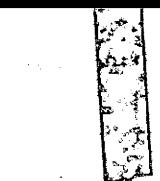
			URI	DĴ	IVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 0006084	,
DEPA	RTI				Registration District No.	
DO NOT WRITE ON THIS STUB		AM.	ENDE	5	FLEED FEB 1 7 1964	
VS 300	١	د	1 1	※	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE # 55041 COUNTY # CN 1 admission	
Rev. 4/59	2				Inside Lim	nits
10431	A A A				TOWN W/N OSON Yes No. 19 A Q Y S TOWN W/N Q SON Yes No. No. 10 No	
10421 20420	1 4			2	Institution Note	
3	/ 	,	\vdash		ANAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print)	r
					William HENRY Deasley DEATH FCb 8 1968	<u>z</u>
					5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 1 YE	24 HR Min.
5					10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUN	ITRY
6	ŝ	-	<u> </u>		during most of working life, even if retired) Henry Co Mo USA	
7 ()	בור בור בור				13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
8 7 1	2				15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
01/1/2	₹				(Yes, no, or Inknown) (If yes, give war or dates of service) 492-18-0704 MRS. EdiTH M. Beasley Windsor,	Mo
1.	AR H			μ	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	VEEN ATH
10		5		JME	IMMEDIATE CAUSE (a) Alrema Holis	<u>ung</u>
-11	KECOKD EAD OF	ĺ		SOCI	arterio reselvo a lergio dudetos	him
12 2-0	2 5	2			Conditions, if any, which gave rise to above cause (a),	•
13 / - 0	- 1	-	\vdash	-	stating the underlying cause last. DUE TO (c) Urthro Aclerous - Seulralyed - Lewelle Constant	<u> </u>
	5				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not wasted to the terminal dispass of difficulty of the part o	was O days.
<u> </u>	2				= cana + perce veni di marcha promisi (1) / org equina vera	iknown
	AMENDMENIS				19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED. (Enter nature of injury in PART II or PART II of item 18.) PERFORMED. (Enter nature of injury in PART II or PART II of item 18.)	
7	Z				20c, TIME OF Hour Month, Day, Year	
RIBBON	₹	ŀ			INJURY a.m. p.m.	
					20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK NOT WHILE AT WORK	'1E
USE BLACK OR TYPEWRITER R	DEAD) }			21. I attended the deceased from 1200. 17, 1958, to Ask. 8, 1964 and last saw him alive on 3ch 8, 1964	7
K B					Death occurred at	
USE	Q II TOHS	}		P.	22a. SIGNATURE 22b. ADDRESS // Sauth Maru 22c. DATE S	IGNED
	13	5		ΛΙΤ	Cruary Grock in Windson, 11to 2-10-6	64
,	2	<u> </u>		FIDA	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	
	Y Y			' AFF		
	=			⋩	DICKMON-DUNNING FH MO 1-eb. 11, 1964 Milaria Bigu	M
					(Licensed Embalmer's Statement on Réverse Side)	



WAR 3 1964

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	12 P ()
Student	Signed / d · Manney
Signature of Student Embalmer	
,	Licensed Embalmer No. 4
	P. O. Address Clinton me

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.