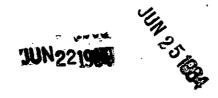
**HEALTH -- STANDARD CERTIFICATE OF DEATH** Primary Registration District No. 3623 Registrar's No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. STATE MO. VS 300 a. COUNTY Henry b. COUNTY Bates admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN Jolly Rest Home TOWN Rich Hill Yes 🙀 No 🗌 c. FULL NAME OF (If NOT in hospital, give location) (If outside, give location) d. STREET 0420 Inside Limits Reside on Farm HOSPITAL OR 108 W Pine Yes 🔂 No 🗌 Yes 🖸 No 🐼 S. Main 3. NAME OF DECEASED Middle 4. DATE Last Year (Type or print) Church 1964 Hattie Leone June 9. AGE (last birthday) | 1F UNDER 1 YEAR | IF UNDER 24 HR 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. Married Never Married Months Days Widowed 🙀 Divorced 🗌 Mar 31 1884 White Female 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Home Maker Vernon Co. Mo. U.S.A. 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Church (decased) Geo Fitzpatrick Sarah Dallas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, po, or unknown) (If yes, give war or dates of service) none Mrs Bertha Stanley Brownington Mo. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT IMMEDIATE CAUSE (a) 능 11 INSTEAD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING deceased there a pregnancy in last 90 days. disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES | NO Month, Day, Year 20c, TIME OF Hour RIBBON INJURY 20e. PLACE OF INJURY (e.g., in or about home, | 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK [ **LYPEWRITER** READ 21. I attended the deceased from. m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at 22b. ADDRESS 22c DATE SIGNED 능 Clinton Mo. 23d. LOCATION (City, town, or county) E OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, AFFIDA REMOVAL (Specify) Greenlawn Rich Hill Mo. Burial DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Culver-Underwood Butler, Mo.



## STATEMENT BY LICENSED EMBALMER

ı	hereby	certify that	the body wh	ose name is re	corded on the reverse s	ide of this cert	tificate was emba	lmed by me,
or by _	•		•		•	, Student	Embalmer No	
working	under m	y personal	supervision.	•		) (),	ι. Λ	
Student_	•	Signature d	of Student Embalme	- · · · · · · · · · · · · · · · · · · ·	Signed	hn Z	Unde	m) de
						Licensed Emb	palmer No. 3	187
						P. O. Addres	s But	en 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.