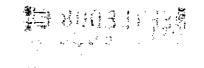
N	IISSOU Artment	RI DI	VI	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	
DO NOT WRITE ON THIS STUB	AMEN	IDED	ĴΕ	Registration Fisher 0 8 64 27 Primary Registration District No. 55 Registrar's No. 369 STATE FILE N	UMBER
vs 300	ـــــــــــــــــــــــــــــــــــــ		-	1 PLACE OF DEATH a. COUNTY A. STATE W.S. SOUL 'b. COUNTY	Residence before admission)
T Rev. 4/59	AMENDED	.	l –	b. CITY (If outside corporate ligits, give TOWNSHIP only) Length of stay in 1b C. CITY OR OR	Inside Limits
5	W.			TOWN WOLKER TUD 56 YLS TOWN MONTHOSE	Yes □ No 🖸
+20420	DATE A			c. FULL NAME OF (IF NOT in hospital, give/ocation) HOSPITAL OR INSTITUTION TONTHOSE MORE INSTITUTION TONTHOSE MORE INSTITUTION TONTHOSE TONT	Reside on Farm
2 ³	1]	3. NAME OF DECEASED Terst Middle Last 4. DATE Month Day (Type or print) Laura Feauna Matheny Dec 2	Year
~ / ₄ /	}		_	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BARTH 9. AGE (last birthday) IF UNDER 1 YEA	
5 0				Female White Widowed Divorced Aug 19-1883 81 Months Days Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF	Hours Min. F WHAT COUNTRY
6	SMO		_	during frost of working life, even if refired) HOUSE TEEDEL 33. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. MAME OF HUSBAND OR WIF	<u>A</u>
7 /	EQII			Robert Mathony Sgrah Pierson	
-9975x	E AS			Yes, no, or unknown) (If yes, give war or dates of service) Anna Hambie Montr	ose Mo
10	¥				NTERVAL BETWEEN ONSET AND DEATH
	8 2	DOCUMEN.		IMMEDIATE CAUSE (a) Weath blue to Non Wakurd Causes	mmsdrake
			l	South of the Manager.	
12 (14 4 4 4 1	HIS REC			Conditions, if any, which gave rise to	
13		+		above cause (a), stating the under-lying cause last. DUE TO (c)	
	5		NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. other significant conditions contributing to DEATH but not related to the terminal disease condition given in PART I (a)	was female was nancy in last 90 days.
	<u> </u>		Ğ	☐ Yes ☐	No 🔲 Unknown
	AMENDWENT		CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART I PART I OF	il of item 18.)
V N	AME		EDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
BLACK INK OR RITER RIBBON			W	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 50 farm, factory, street, office bldg., etc.)	STATE
E S A	READ			21. I attended the deceased from smartfended, toand last saw her alive on	
E BL				Death occurred at m on the date stated above, and to the best of my knowledge, from the	causes stated.
USE BLACK OR TYPEWRITER	SHOULD	VIT OF		Transport Tues M. W (Degree of title) County 1065. 3 Clinton Ma	12-4-65
-	Ö.	AFFIDAV	23	31. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 13. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county)	(State)
	ITEM	BY AF	2	Sinkman-DUNNING FH Clintin Dec 4, 1964 Michael D	ique.
ı	1 1 1	1 1	• —	(Licensed Embalmer's Statement of Reverse Side)	0



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body wh	ose name is recorded on t	he reverse side of this certi	ficate was embalmed by me,
or by Stanle	0 11:1	0	Embalmer No. 750
working under my personal supervision.	,	006	
Student Signature of Student Embalme	Signed	IT I Ale	inney_
		Licensed Emb	almer No.
		P. O. Address	Clinean 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.