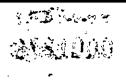
-						SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	
	ART	AEN.	ТОР	PUI		C HEALTH AND WELFARE 37 Primary Registration District No. 4218 Registrar's No. STATE FILE NUMBER	
DO NOT WRITE ON THIS STUB		AMI	NDED	1	H	LED LED 100E	_
	 ₋				1.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, 1f Institution: Residence before	ore
VS 300 Rev. 4/59		3				a. COUNTY Henry admission) b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limit	
	AMENDED	<u> </u>				Town Windsor 22 yrs Town Windsor	
10421		•	1 1	1 1			
20421	2				 	HOSPITAL OF Community Convalscent Yes No ADDRESS 211 S. Windsor St., Yes No	Ωχ
3		+	\vdash	1	3	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year	
						(Type or print) LUCINDA E. BERNARD DEATH January 24,1965	
4					- 5	5. SEX 6. COLOR OR RACE 7. Married Never Married B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24	
⁵ 2.					ــ		Ain.
6	ι				10	08. USUAL OCCUPATION (Give kind of work done done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTED at nome working life, even if retired) housewife St.Clair County, Mg. U.S.A.	ξY
7 ^	δ				13.	at nome 110 tisewile 00.01all Oddity, Mg. 0.5.A. 3a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
<u> </u>	FOLL					Isom Copenhaver Thompson Moses Bernard	
8/2	SA				15	5 WAS DECEASED EVED IN ILS ADMED EODCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address	
4201	RE ,				_	(fes, no., or unknown) (If yes, give wer or dates of service) Kenneth Bernard, Windsor, Mo.	
10	4			ENT		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWE CYCLET AND BEA	EN JH
	S S	5		CUMENT	1	IMMEDIATE CAUSE (a) Could long Collapse India	4
				ŏ		Conditions, if any,) DUE TO (b) Arterior lesson Coronary Unbono	zcsi
1220-0	HIS REC					which gave rise to above cause (a),	
13 /-0	\vdash	╄		-		stating the under- lying cause last. DUE TO (c) Servery	<u>_</u>
	S				ō	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditing given in PART II (a)	was days.
	Z Z			ŀ	ICAT	Subacute Bronchilia 1 Yes No Unkr	nown
	AMENDMENTS				CERTIFICATION	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 20	_
						YES NO 28 20c. Time OF Hour Month, Day, Year	
V O	₹		1		MEDICAL	INJURY a.m. p.m.	
BLACK INK OR RITER RIBBON					×	204 INJURY OCCURRED 200 PLACE OF INBURY (e.g., in or about home 120f CITY TOWN OR LOCATION COUNTY STATE	Ē
<u> </u>	را					WHILE AT WORK farm, factory, street, office bidg., atc.)	
LAC OR TER	READ					21. I attended the decessed from 1965, to 12465 and last saw her alive on 1965	
E B						Death occurred atm on the date stated above, and to the best of my knowledge, from the causes stated.	
USE BLAC OR TYPEWRITER	SHOULD			Ö		22a, SIGNATURE (Coree or title) 22b, ADDRESS 22c. DATE SIG	FED.
	V.			Σ	<u> </u>	Sa. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Bity, town, or county) (State)	<u> </u>
	ON ON		\top	AFFIDAVIT	23	REMOVAL (Specify) 1 / 1/1065 Englewood Cemetery Clinton, Mo.	
	EX			AFF	24.	6. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	_
	E			ВҰ		Huston Funeral Home, Windsor, Mo. JAN. 29.65 Mille Bigun	1/4
'	,	• '	•		_	COA	



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
working under my personal supervision.	Class) Land
StudentSignature of Student Embalmer	Signed Clark, James
	P. O. Address Winder Ma

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.

