					ISION OF HE		DAKD CE					-0430	697
	DEPARTMENT OF PU			-	IC HEALTH AND W Registration District No	/ 7 /	rimary Registration	, District No. ラム	23 Registrar's N	. 28	8	STATE FILE NU	MBER
DO NOT WRITE ON THIS STUB		AMEN	DED	I	ED DEC	~ 100°							
			-[	1. PLACE OF DEATH	0 1300	· · <del>-</del> · · · ·		2. USUAL RESIDE	-		If institution:	Residence before	
VS 300	유		1	ı	a. COUNTY	Henry			a. STATE MO.	ь. сс	Hen	יייני	admission)
Rev. 4/59	AMENDED				b. CITY (If outside c	orporate limits, give TOW	NSHIP only)	Length of stay in 1b	c. CITY	₹		<u> </u>	Inside Limits
	핗	11			OR TOWN	Clinton		25 Days	OR TOWN 1	iontrose			Yes Y No 🗆
10425	₹			`   -	c. FULL NAME OF (I	f NOT in hospital, give lo	cation)	Inside Limits	d. STREET		cutside, give	location)	Reside on Farm
<sup>2</sup> 6420 a	DATE				HOSPITAL OR	inton General	Hospita	] Yes [X] No □	ADDRESS		-		Yes 🗆 No 💆
	) 무		+-	-	3. NAME OF DECEASE	D First		Middle	Lost	4. DATE	Month	Day	Year
3	ŀ				(Type or print)	Collis	P		limore	l OE	Dec. 3,	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 🙀	j			-									IF UNDER 24 HR
	1	11			5. SEX	6. COLOR OR RACE	7. Married   Widowed		= 1 .	' I		onthe Days	Hours Min.
5 /	i				Male	White	_		19/21/109				
6	ار	IJ	] ]			N (Give kind of work done ling life, even if retired)	106. KIND OF	BUSINESS OR INDUST	1		country) 12		WHAT COUNTRY
	<b>₹</b>				Postmaster				Henry Co.			USA	
7 0	<u> </u>				13a. FATHER'S NAME		136. W	OTHER'S MAIDEN NA	WE	1		SAND OR WIFE	
8 7	2				William Line			rtha Tyree		Ril	<u>la Lind</u>		
<u>* 2</u> %						ER IN U.S. ARMED FORCES If yes, give war or dates o		OCIAL SECURITY NO.	17. INFORMANT		Addr	ess	· · · · · · · · · · · · · · · · · · ·
922. 1	.			-	No	it yes, give war or dates o	492	48 1402	Rilla Lin	dimore,	Montros	e, Mo.	
	ž			ᄫ	I 18. CAUSE OF DEATI	H (Enter only one cause pe						IN	TERVAL BETWEEN
10		1 1				H DEATH WAS CAUSED R	γ.				•	1 0	JSET AND DEATH
	: lu_ :	1 1		¥		I. DEATH WAS CAUSED B	Y:	^	1 Rans	mak	,	ON	SET AND DEATH
11 5	5  o			CUME		I. DEATH WAS CAUSED B	Y:	rebra	lhem	orrh	age	ON	Set and death
11	5  o			DOCUME		IMMEDIATE CAUSE	(a) <u>Ce</u>	^	lhem	orrh	age	ON	Set and Death
12/-0	STEAD OF				Conditi which s	ions, if any, DUE TO	(a) <u>Ce</u>	^	lhem	orrh	age	ON	5 days
12 1 - O v	STEAD OF				Conditi which ( above stating	ions, if any, DUE TO gave rise to cause (a). the under-	Y: (a) (b)	^	l hem	orrh	age	ON	SET AND DEATH
13/-2	INSTEAD OF			8	Conditi which ( above stating lying	ions, if any, gave rise to cause (a), the under-cause last.	(b)	rebra		_	0	2	5 dans
13/-2	INSTEAD OF			8	Conditi which ( above stating lying	ions, if any, DUE TO gave rise to cause (a). the under-	(b)	rebra		_	PART III.	If decessed	5 dans
13/-2	INSTEAD OF			OO	Condition which cabove stating lying PART 1	ions, if any, gove rise to cause (a), the under-cause Significant DUE TO	(b)	rebra		_	PART III.	If decessed	5 days
13/-2	INSTEAD OF			OO	Condition which cabove stating lying PART 1	ions, if any, geve rise to cause (a), the under-cause start. DUE TO  II. OTHER SIGNIFICANT disease condition given	(c) CONDITIONS CO	TEBRA		o the terminal	PART III.	If deceased there a prognar	was female was icy in last 90 days.
13/-2	INSTEAD OF			8	Conditi which cabove stating lying PART 1	ions, if any, gave rise to cause (a), the under-cause last. DUE TO	(c) CONDITIONS COLIN PART I (e) DE HOMICIDE	TEBRA	NTH but not related t	o the terminal	PART III.	If deceased there a prognar	was female was icy in last 90 days.
13 / - 2 NO STRANGE	INSTEAD OF			DO	Conditi which cobove stating lying PART 1  19. WAS AUTOPSY PERFORMED? YES NO M	ions, if any, gave rise to cause (a), the under-cause last.  DUE TO DUE	(c) CONDITIONS CO	TEBRA	NTH but not related t	o the terminal	PART III.	If deceased there a prognar	was female was icy in last 90 days.
13 / - 2 NO STRANGE	INSTEAD OF			DO	Conditi which cobove stating lying PART 1  19. WAS AUTOPSY PERFORMED? YES NO M	ions, if any, gove rise to cause (a), the undercause (a).  I. OTHER SIGNIFICANT disease condition given  20a. ACCIDENT SUICI	(c) CONDITIONS CO	TEBRA	NTH but not related t	o the terminal	PART III.	If deceased there a prognar	was female was icy in last 90 days.
13 / - 2 NO STRANGE	INSTEAD OF			OO	Conditivation which above stating lying PART 1  19. WAS AUTOPSY PERFORMED? YES NO STATE OF Hou INJURY a.m. p.m.	ions, if any, gave rise to cause (a), the undercause last.  DUE TO DUE T	(c) CONDITIONS CO	ONTRIBUTING TO DEA	NTH but not related t	o the terminal	PART III.	If deceased there a prognar	was female was icy in last 90 days.
RIBBON AMENDAGENTS OF THE BOOK	INSTEAD OF			DO	IP. WAS AUTOPSY PERFORMED? YES NO WAS AUTOPSY PERFORMED.	IMMEDIATE CAUSE (  ions, if any, geve rise to cause (a), the under-cause last.)  DUE TO DUE TO (  II. OTHER SIGNIFICANT disease condition given (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(c) CONDITIONS CO	20b. DESCRIBE HO	OW INJURY OCCURRE	o the terminal	PART III.	If deceased there a pregnar	was female was icy in last 90 days.  To Unknown of item 18.)
RIBBON AMENDAGENTS OF THE BOOK	INSTEAD OF			DO	Condition which conditions which conditions which conditions with the conditions are conditionally conditions.  19. WAS AUTOPSY PERFORMED? YES NO CONDITIONAL COND	IMMEDIATE CAUSE (  ions, if any, geve rise to cause (a), the under-cause last.)  DUE TO DUE TO (  II. OTHER SIGNIFICANT disease condition given (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(b) (c) CONDITIONS CC n in PART I (a)  DE HOMICIDE  E OF INJURY (c.)	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of	PART III.	If decessed there a prognar Yes	was female was icy in last 90 days. do Unknown of item 18.)
RIBBON AMENDAGENTS OF THE BOOK	INSTEAD OF			DO	IP. WAS AUTOPSY PERFORMED? YES NO WAS AUTOPSY PERFORMED.	IMMEDIATE CAUSE (  ions, if any, gave rise to cause (a), the under-cause last.  DUE TO	(b) (c) CONDITIONS CC n in PART I (a)  DE HOMICIDE  E OF INJURY (c.)	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of	PART III.	If deceased there a pregnar Pres Not I or PART II	was female was acy in last 90 days. to Unknown of item 18.)
RIBBON AMENDAGENTS OF THE BOOK	READ INSTEAD OF			DO	IP. WAS AUTOPSY PERFORMED? YES NO WAS AUTOPSY PERFORMED. YES NO WA	IMMEDIATE CAUSE (  ions, if any, geve rise to cause (a), the under-cause last.)  DUE TO DUE TO (  II. OTHER SIGNIFICANT disease condition giver (  20a. ACCIDENT SUICI (  III. Month, Day, Year (  K	(b) (c) CONDITIONS CC n in PART I (a)  DE HOMICIDE  E OF INJURY (c.)	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of	PART III.	If deceased there a pregnar Pres Not I or PART II	was female was acy in last 90 days. to Unknown of item 18.)
RIBBON AMENDAGENTS OF THE BOOK	READ INSTEAD OF			DO MEDICAL CERTIFICATION	IP. WAS AUTOPSY PERFORMED? YES NO COURT INJURY A.M. p.m.  20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT	IMMEDIATE CAUSE (  ions, if any, gave rise to cause (a), the under-cause last.)  DUE TO DUE TO (  II. OTHER SIGNIFICANT disease condition given (  20a. ACCIDENT SUICI (  III. Month, Day, Year (  K	(b) (c) CONDITIONS CC n in PART I (a)  DE HOMICIDE  E OF INJURY (c.)	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of	PART III.	If deceased there a pregnar Pres Not I or PART II	was female was acy in last 90 days. to Unknown of item 18.)
RIBBON AMENDAGENTS OF THE BOOK SHEET STATES OF	INSTEAD OF			OF MEDICAL CERTIFICATION	Conditivation which above stating lying  PART 1  19. WAS AUTOPSY PERFORMED? YES NO  20c. TIME OF Hou INJURY a.m. p.m. 20d. INJURY OCCURR WHILE AT WORN NOT WHILE AT 1  21. I attended the de Death occurred at 1	IMMEDIATE CAUSE (  ions, if any, gave rise to cause (a), the under-cause last.)  DUE TO DUE TO (  II. OTHER SIGNIFICANT disease condition given (  20a. ACCIDENT SUICI (  III. Month, Day, Year (  K	(c) CONDITIONS COVIDE HOMICIDE TO FINJURY (e.g. factory, street, o	20b. DESCRIBE HO	OW INJURY OCCURRE  20f. CITY, TOWN, O	D. (Enter nature of	PART III.	If deceased there a pregnar Pres Not I or PART II	was female was toy in last 90 days. To Unknown of item 18.)
BLACK INK OR RITER RIBBON AMENDMENTS ON THIS	SHOULD READ INSTEAD OF			VIT OF MEDICAL CERTIFICATION	IP. WAS AUTOPSY PERFORMED? YES NO W  20c. TIME OF Hou INJURY OCCURR WHILE AT WORN 20d. INJURY OCCURR WHILE AT WORN 21. I attended the de Death occurred at 22a. SIGNATURE  22a. SIGNATURE	IMMEDIATE CAUSE (  ions, if any, geve rise to cause (a), the under- cause last. DUE TO  II. OTHER SIGNIFICANT disease condition given  20a. ACCIDENT SUICI  III. Month, Day, Year (a), work (a)  RED (a) 20e. PLAC (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(c)  CONDITIONS CO T in PART I (e)  DE HOMICIDE  Factory, street, o	20b. DESCRIBE HO	20f. CITY, TOWN, On the date stated above,	D. (Enter nature of	PART III.	If deceased there a pregnar Pres Not I or PART II	was female was toy in last 90 days. To Unknown of item 18.)
RIBBON AMENDAGENTS OF THE BOOK	SHOULD READ INSTEAD OF			VIT OF MEDICAL CERTIFICATION	IP. WAS AUTOPSY PERFORMED? YES NO DESTRUCTION 20c. TIME OF Hou INJURY OCCURR WHILE AT WORN NOT WHILE AT  21. I strended the do Death occurred a  22c. SIGNATURE  23c. BURIAL, CREMATION REMOVAL (Specify)	IMMEDIATE CAUSE  ions, if any, gave rise to cause (a), the under-cause last.  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  TO  DUE	(c)	20b. DESCRIBE HORIZON, in or about home, ffice bldg., etc.)  5 to 13- 45 A m on the property of the property o	20f. CITY, TOWN, O  3 - 6 5 at the date stated above,  22b. ADDRESS  CEMATORY	D. (Enter nature of R LOCATION  Indicate saw her him all and to the best of the location)	PART III.	OUNTY  OUNTY  Ounty  Ounty  Ounty	was female was recy in last 90 days. No Unknown of item 18.)  STATE  5 uses stated.  22c. DATE SIGNED  12 - 4-65
RIBBON AMENDAGENTS OF THE BOOK	NO.   SHOULD READ   INSTEAD OF			PFIDAVIT OF MEDICAL CERTIFICATION	IP. WAS AUTOPSY PERFORMED? YES NO W  20c. TIME OF Hou INJURY OCCURR WHILE AT WORN 20d. INJURY OCCURR WHILE AT WORN 21. I attended the de Death occurred at 22a. SIGNATURE  22a. SIGNATURE	IMMEDIATE CAUSE  ions, if any, gave rise to cause (a), the under-cause last.  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  TO  DUE	(c)	20b. DESCRIBE HOLD AND THE OF CEMETERY OR CR	20f. CITY, TOWN, O  3 - 6 5 at the date stated above,  22b. ADDRESS  CEMATORY	D. (Enter nature of R LOCATION  Indicate saw her him all and to the best of the best of the location (Montrose	PART III.  I injury in PART  ive an  f my knowled  City, tawn, or	OUNTY  OUNTY  Ounty  T county)	was female was recy in last 90 days. No Unknown of item 18.)  STATE  5 uses stated.  22c. DATE SIGNED  12 - 4-65
RIBBON AMENDAGENTS OF THE BOOK SHEET STATES OF	SHOULD READ INSTEAD OF			PFIDAVIT OF MEDICAL CERTIFICATION	Conditivation which above stating lying PART 1  19. WAS AUTOPSY PERFORMED? YES NO X  20c. TIME OF Hou INJURY OCCURR WHILE AT WORN NOT WHILE AT 21. I attended the docurred a 22a. SIGNATURE  23a. BURIAL, CREMATION REMOVAL (Specify) Purial	IMMEDIATE CAUSE  ions, if any, gave rise to cause (a), the under-cause last.  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  TO  DUE	(c) CONDITIONS CO I IN PART I (e) HOMICIDE Factory, street, o	20b. DESCRIBE HORSE  20b. DESC	20f. CITY, TOWN, O  20f. CITY, TOWN, O  20f. ADDRESS  CLASS  CREMATORY	D. (Enter nature of R LOCATION  Indicate saw her him all and to the best of the best of the location (Montrose	PART III.  I injury in PART  ive an  f my knowled  City, tawn, or	OUNTY  OUNTY  Ounty  T county)	was female was recy in last 90 days. No Unknown of item 18.)  STATE  5 uses stated.  22c. DATE SIGNED  12 - 4-65

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed M. J. Vausaut
- <b></b>	Licensed Embalmer No. 3779
	P. O. Address Clinton, Wa.

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.