## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0028226

DO NOT WRITE ON THIS STUB			Registration District No
		D	FILED III o
VS 300	<u>.</u>		a. COUNTY Henry a. STATE Missourib. COUNTY Henry admission)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton  Length of stay in 1b OR TOWN Clinton  Length of stay in 1b OR TOWN Clinton  Ves 🕱 No. 🗆
04/25	<b> </b>		c. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  d. STREET ADDRESS  (If outside, give location) Reside on Farm ADDRESS
204/25	DATE		Yes □ No □   300 Bodine   Yes □ No □   300 Bodine   Yes □ No □   Yes □ No □   Yes □ No □ □ □   Yes □ □ No □ □   Yes □ □
3			3. NAME OF DECEASED (Type or print)  JAMES  A DATE OF DEATH July 21, 1966  OF DEATH OF DEATH OF DEATH July 21, 1966
5 )			5. SEX
6	FOLLOWS		Mo. Pub Service Co. Employee Retired New Haven, Mo. IISA  13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE
7 0	[   1		
	&     \		15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAP SECURITY NO. 17. INFORMANT  Address  Address
	ARE	ΙN	NTEVAL RETWEEN
10	용	UMENI	IMMEDIATE CAUSE (a) Myo cardial in facilion minutes
		DOC	Conditions, if any, DUE TO (b) Asterio Zeleusis year
12 40-2	THIS REC		which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c) hother tensor years
	NO O		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female was there a pregnancy in last 90 days  The part III. If deceased was female was there a pregnancy in last 90 days.  Unknown
	AMENDMENTS		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED?   D   D   D   D   D   D   D   D   D
RIBBON	AWE		ZOc. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
			20d. INJURY OCCURRED WHILE AT WORK   STATE farm, factory, street, office bldg., etc.)
¥8E	READ		21. I attended the deceased from 1-14-65 to 7-21-66 and last saw her rim alive on 1-6-66
E B ≪			Death occurred atm on the date stated above, and to the best of my knowledge, from the causes stated.
USE BLACH OR TYPEWRITER	SHOULD	VIT OF	
	<u>o</u>	AFFIDAVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	Ž K		
	<b>=</b>	₽	Consalus - Clinton, Mo. July 23, (Lop Millered Deguss) (Licensed Embalmer's Statement on Reverse Side)
			(Licensed Embaining & Statement on Keverse Side)



51. E.

## 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.	Signed Lugger Rousalem
StudentSignature of Student Embalmer	Signed lugger Vousalles
Signatore of Stodent Embanner	Licensed Embalmer No. 4680
	P. O. Address Clanton, 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.