FILED MA	<b>4Y</b> 4 1950		DIVISION OF HEA					5 / N / N	
I ILLE INC	11 4 1330	STAN	DARD CERTIF	ICATE OF I	DEATH	State	File No.at	ري	32
BIRTH NO		_ REG. DIS	т. но. <u>73</u>	PRIMARY REG. D	ıst. но. <u>З</u>	014 Regi	strar's No	سع جـ	
1. PLACE OF DEA	ATH			2. USUAL RE	SIDENCE (	Where decessed I		titution: re	
a. COUNTY	lay			a. STATE	lissouri	b. CO	UNTY C	lay	ed:niesi
		TTD A.T AI	. c. LENGTH OF	c. CITY (If outed		. write RURAL .			
b. CITY (If outside co OR TOWN Li	berty	town	stay (in this place)	OR	Liberty		0	241	<del></del> _
d. FULL NAME OF ( HOSPITAL OR INSTITUTION	· -		street address or location)	d. STREET ADDRESS		give location)	•	0	
INSTITUTION	454 N.	Prarie	)	<u> </u>	454 N	Pearle			
3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)		4. DATE OF	(Month)	(Day)	(Year)
(Type or Print)	James		Manuel	Sheg	herd	DEATH	April	10-	50
5, SEX   6.	COLOR OR RACE	7. MARRIE	D. NEVER MARRIED,	8. DATE OF BIRT	ПН	9. AGE (In ye	are IF UNDER Months	1 YEAR 15	OKDER 24
Male 🤈	Negro	WIDOWE	D, NEVER MARRIED, D, DIVORCED (Smells) SVET METTICL	April 2	7-1945	inst birthday	4   "11"	13	ours   M
10a. USUAL OCCUPATIO	ON (Give kind of work	\ <u> </u>	OF BUSINESS OR IN-	11. BIRTHPLACE	(State or foreign	ountry)	0 1	12. CITIZ	EN OF W
done during most of work!	ng life, even if retired)		DUSTRY		besty	Missour		COUNT	RY1
		10	b. MOTHER'S MAIDEN	! <u></u>		WE OF HUSBAN			•
3a. FATHER'S NAME		13		_	14. 14	None	. OK #11	_	
	epherd		Fay Singl	·	] ·				
IS. WAS DECEASED EVE	ER IN U.S. ARMED F	FORCES? 1	6. SOCIAL SECURITY	17. INFORMA		–			DDRES
(Yes, no or unknown) (If	, jan, gritt war or dans.		No	Vir	gil She	herd	Lib	erty,	Mo.
18. CAUSE OF DEATH				ERTIFICATIO	N			INTERV	AL BETW
Enter only one cause per	I. DISEASE OR CO	ONDITION	u	bral Co				UNSEI	AND DEA
line for (a), (b), and (c)	DIRECTLY LEAD	ING TO DEAT	n'(a)	max a	· · · · · · · · · · · · · · · · · · ·			-	
*This does not mean	ANTECEDENT CA				1. 1.	tomo	1./	100	101
the mode of dying, such	Morbid conditions	s, if any, givin	DUE TO (b)	voves	my un	como	ock c	<u> </u>	<u> </u>
as heart failure, asthenia,	rise to the above co	مقعمة أأساء مشامير			-				
	the underlying can	4466   4 / 4444	ng .					100	
etc. It means the dis-	the underlying cau	4466   4 / 4444	•A						25
etc. It means the dis- ease, injury, or complica-	the underlying cau	use last.	DUE TO (c)			-		-	<u>25</u>
etc. It means the dis-	the underlying cau	FICANT CON	DUE TO (c)				· · · · · ·	-	<u>25</u>
etc. It means the dis- ease, injury, or complica- tion which caused death.	the underlying cau  11. OTHER SIGNIF Conditions contrib related to the diseas	FICANT CON buting to the disse or condition	DUE TO (c) DITIONS eath but not a causing death.				- tul	20 ALT	25 10888
etc. It means the dis- ease, injury, or complica-	the underlying cau	FICANT CON buting to the disse or condition	DUE TO (c) DITIONS eath but not a causing death.						25 TOPSY1
etc. It means the dis- ease, injury, or complica- tion which caused death.	the underlying cau  11. OTHER SIGNIF Conditions contrib related to the diseas	FICANT CON buting to the disse or condition	DUE TO (c) DITIONS eath but not a causing death.					YES	☐ NO
etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT	II. OTHER SIGNIF Conditions contrib related to the diseas	FICANT CON buting to the dase or condition DINGS OF O	DUE TO (c) DITIONS eath but not a causing death. PERATION FINJURY (e.g., in or about	21c. (CITY, TOW	N, OR TOWNSHI	P) (0	COUNTY)	YES	_
etc. It means the dis- ease, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT	11. OTHER SIGNIF Conditions contrib related to the diseas 19b. MAJOR FINE	FICANT CON buting to the dase or condition DINGS OF O	DUE TO (c) DITIONS eath but not a causing death. PERATION  FINJURY (e.g., in or about tory, street, office bidg., etc.)			•		YES (S	☐ NO
etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE	the underlying cau  11. OTHER SIGNIF Conditions contrib related to the diseas  19b. MAJOR FINE  (Apocity)	FICANT CON butting to the dise or condition DINGS OF O	DUE TO (c) DITIONS eath but not a couring death.  PERATION  FINJURY (e.g., in or about tory, street, office bidg., etc.)		ATY_	•	COUNTY)	YES (S	☐ NO
etc. It means the discase, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE OF OF OF ON  (Month)	the underlying cau  11. OTHER SIGNIF Conditions contrib related to the disea.  19b. MAJOR FINE  (Apocity) (Day) (Year)	FICANT CON buting to the dase or condition DINGS OF Older Sarm, factor (Hour)  21b. PLACEO home, farm, factor (Hour)  21c. (Hour)  21c. WH	DUE TO (c) DITIONS eath but not a causing death. PERATION  FINJURY (e.g., in or about tory, street, office bidg., etc.) INJURY OCCURRED ILEAT NOT WHILE	211. HOW DID IN	ATY	(		YES (S	☐ NO
etc. It means the dis- ease, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME - (Month)	the underlying cau  11. OTHER SIGNIF Conditions contrib related to the disea.  19b. MAJOR FINE  (Specity)  (Day) (Year)	FICANT CON buting to the dase or condition DINGS OF Older Sarm, factor (Hour)  21b. PLACEO home, farm, factor (Hour)  21c. (Hour)  21c. WH	DUE TO (c) DITIONS eath but not a causing death. PERATION  FINJURY (e.g., in or about tory, street, office bidg., etc.) INJURY OCCURRED	LII3.=	ATY	rew s	LAY	YES !	no STATE)
etc. It means the discase, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE OF OF OF ON  (Month)	the underlying cau  11. OTHER SIGNIF Conditions contrib related to the disease  19b. MAJOR FINE (Specify) (Day) (Year) (O 50	FICANT CON buting to the duse or condition DINGS OF OI  21b. PLACE O home, farm, fac (Hour) 21e  WH W  the decease.	DUE TO (c) DITIONS eath but not a cousing death. PERATION  FINJURY (e.g., in or about typy, street, office bidg., etc.) INJURY OCCURRED ILE AT NOT WHILE ORK AT WORK	211. HOW DID IN  Zikell of	ATY JURY OCCUR?		that I la	YES (S	no etate)
etc. It means the discase, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY	the underlying cau  11. OTHER SIGNIF Conditions contrib related to the disease  19b. MAJOR FINE (Specify) (Day) (Year) (O 50	FICANT CON buting to the duse or condition DINGS OF OI  21b. PLACE O home, farm, fac (Hour) 21e  WH W  the decease.	DUE TO (c) DITIONS eath but not a causing death.  PERATION  FINJURY (e.g., in or about tory, street, office bidg., etc.)  INJURY OCCURRED ILEAT NOT WHILE ORK AT WORK	211. HOW DID IN  Zikell of	ATY JURY OCCUR?		that I la	ves (s	NO STATE)
etc. It means the discusse, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify	the underlying cau  11. OTHER SIGNIF Conditions contrib related to the disease  19b. MAJOR FINE (Specity) (Day) (Year) (that I attended to	FICANT CON buting to the duse or condition DINGS OF OI  21b. PLACE O home, farm, fac (Hour) 21e  WH W  the decease.	DUE TO (c) DITIONS eath but not a cousing death. PERATION  FINJURY (e.g., in or about typy, street, office bidg., etc.) INJURY OCCURRED ILE AT NOT WHILE ORK AT WORK	211. HOW DID IN  Zikell of	ATY JURY OCCUR?		that I la	ves (s	NO N
etc. It means the discase, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY  22. I hereby certify alive on 23a. SIGNATURE	the underlying cau  II. OTHER SIGNIF Conditions contrib related to the diseas  (Specity) (Day) (Year) (Day) (Year)  that I attended t.	FICANT CONbuting to the dose or condition DINGS OF Ol  21b. PLACEO home, farm, fac (Hour)  // Ab Wh  w  the decease , and the	DUE TO (c) DITIONS call but not not no couring death.  PERATION  FINJURY (e.g., in or about tyry, street, office bidg., etc.)  INJURY OCCURRED NOT WHILE NOT WHILE AT WORK  d from	211. HOW DID IN  Zheel o	ATY JURY OCCUR?		that I la	ves (s	no STATE)
etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on	the underlying cau  II. OTHER SIGNIF Conditions contrib related to the disea.    19b. MAJOR FINE   (Specity)   1   (Obs) (Year)	FICANT CON buting to the disse or condition DINGS OF OI  21b. PLACE O home, farm, fac (Hour) 21c  // Ab WH  the decease.  , and the	DUE TO (c) DITIONS eath but not a couring death.  PERATION  FINJURY (e.g., in or about tory, street, office bidg., etc.)  INJURY OCCURRED ILLE AT NOT WHILE ORK AT WORK at WORK at death occurred at (Degree or title)	21f. HOW DID IN  Zheel o  , 19, 10  23b. ADDRESS	ATY JUNY OCCUR? The Cause om the cause		that I ladate state	st saw the dabove.	NO STATE)  A 6  A 6  A 6  A 6  ATE SIGN
etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on	the underlying cau  II. OTHER SIGNIF Conditions contrib related to the disea.    19b. MAJOR FINE   (Specity)   1   (Obs) (Year)	FICANT CON buting to the dase or condition DINGS OF OI  21b. PLACE O home, farm, fac (Hour) 21e  // Ah WH W  the decease	DUE TO (c) DITIONS cath but not a causing death.  PERATION  FINJURY (e.g., in or about tory, streat, office bidg., etc.)  INJURY OCCURRED SILE AT WORK  AT WORK  ORK  OPERATION  OF CEMETER  ACC. NAME OF CEMETER	21f. HOW DID IN  Thell of  19 10 10 10 10 10 10 10 10 10 10 10 10 10	ATY JUNY OCCUR? The Cause om the cause	and on the	that I ladate state	yes (s	NO STATE)  A 6  Le deced
etc. It means the discase, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY  22. I hereby certify alive on  23a. SIGNATURE 24b. BURIAL. CREMA TION, REMOVAL (Speats BURIAL)	the underlying cau  11. OTHER SIGNIF Conditions contrib related to the diseas  19b. MAJOR FINE  (Specify) (Day) (Year) (OSO  that I attended t. , 19  24b. DATE  April	FICANT CON buting to the disse or condition DINGS OF OI  21b. PLACE O home, farm, fac (Hour) 21e  // All WH W  the decease, and the	DUE TO (c) DITIONS  cath but not a cousing death.  PERATION  FINJURY (e.g., in or about the pry, street, office bidg., etc.)  INJURY OCCURRED SILE AT WORK AT WORK  d from	21f. HOW DID IN  Zheel o  18 19 1, 10  23b. ADDRESS  Y OR CREMATOR	om the cause	and on the	that I ladate state	yes (s	NO STATE)  A 6  Le deced
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RECEIVED	APP 17	
istriot , He	alth Officer	No. 8,
Jistrict File N	umber	
Date Filed	5-1-50	)

STATEMENT	RY	LICENSED	<b>EMBAIMED</b>

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me, or by
	Student Embalmer Mo
working under my personal supervision	

Student Embalmer

Licensed Embalmer No.

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 this body is not embalmed, fact should be so stated above.