S. NO. 300 FILED WAR 9 - 1953 THE DIVISION OF HEALTH OF M									ΔC	4940	
-, v.	10.4A	ILLU MAN 9-	. 1953	STANDARI	CERTIF	ICATE OF D	EATH	State	File No	740	
••	Α	BIRTH NO	566	REG. DIST. NO.	<u>l</u> ₁ 2	PRIMARY REG. DI	3.0		rar's No	285	
	' U	I. PLACE OF DE	АТН				SIDENCE (Where decessed liv	ed. If institution	on: residence before	
		a. COUNTY Buchanan.			a. STATE MU.SSOURI b. COUNTY GED tru administra						
		b. CITY (If outside eq	rporate limite, write		LENGTH OF	c. CITY (If outside	e corporate limit	write RURAL an	i give (ownship)		
	a	тойн St. <u>7</u>	OSEPH.	[/	6 nes.	TOWN 1	ma C	teg		0380	
	RECORD	d FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or NSSou é i	Institution, give etreet addr MEHod.: 4	or location)	d. STREET ADDRESS	(If rural,	give location)		-1	
		3. NAME OF DECEASED	a. (First)	b. (Mic	ldle)	c. (Last)		4. DATE	Month) (D	ay) (Year)	
	Ļ	(Type or Print)	- Ju	de a	nou	Smit	%	OF DEATH	reach .	र <i>इ</i> .इ.	
	Permanent	female 6.	COLOR EX RACE	7. MARRIED, NEVER WIDOWED, DIVOR	MARRIED, CED (Specify)	8. DATE OF BIRTH	•	9. AGE (In year last birthday)	if these I Year Months Days	IF UNDER 14 HPS.	
	r K	10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BUSI	NESS OR IN-	11. BIRTHPLACE (B		ountry)	1 12. 0	ITIZEN OF WHAT	
	E.	done during most of worki	ng life, even if retired)		DUSTRY	Missour		Joseph	10 00	U.S.A.	
	H4 -4	13a. FATHER'S NAME	0 '	13b. MOTHE	R'S MAIDEN			E OF HUSBAND		<u> </u>	
	₹ 4	Jun GIBSON	Smith	Ethel a	un M	eleberal	4 .		,		
	-MAKE	15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 16. SOCIAL	SECURITY NO.	17. INFORMAN	T'S SIGNA	TURE OR NA	ME _	ADDRESS	
	7.W	No		Turber 71007	NO.	Mrs. Guy.	G. Nz	ith, 10	ng leter	Thes	
	M	18. CAUSE OF DEATH	1 DISEASE OR C	NOTION	MEDICAL C	ERTIFICATION	8	0	TINI	TERVAL BETWEEN	
	INK	Enter only one cause per line for (a), (b), and (c)	DIRECTLY LEAD	CONDITION DING TO DEATH*(a)	2	emil	Line	ty		DET AND DEATH	
i	CK	*This does not mean	ANTECEDENT C	AUSES	•	•		/			
	◀	the mode of dying, such	Morbid condition	s, if any, giving DUE TO	(b)						
	BI	as heart failure, asthenia, dc. It means the dis-	the underlying ca	use last.				-	İ		
	ŗ	ease, injury, or complica- tion which caused death.	11 OTHER SICNI	DUE TO FICANT CONDITIONS	(c)				_		
	UNFADING	tion which couses beath.		buting to the death but not use or condition causing de	ath.		·	77.60	<		
ĺ	E.A.	19a. DATE OF OPERA-		DINGS OF OPERATION						AUTOPSY?	
	Ĕ								•	ES NO D	
	SING	21a. ACCIDENT SUICIDE HOMICIDE	(Specity)	21b. PLACE OF INJURY (home, farm, fastory, street, o	e.g., in or about files bldg., etc.)	21c. (CITY, TOWN, (OR TOWNSHIP) (COL	INTY)	(STATE)	
130		21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY WHILE AT WORK	OCCURRED OT WHILE AT WORK	21f. HOW DID INJU	IRY OCCUR?				
-4	T.	22. I hereby certify t	hat I attended t				A0 a w 2	1053 1	at I last saw	- the deservat	
				3, and that death o		12: 0'Am., fron	n the causes	and on the da	te stated abo	ne deceded	
	3	23a. SIGNATURE	DA		cres or title)	23b. ADDRESS		·		DATE SIGNED	
	WRITE PLAINLY	Att	Vele	usen 1	40.	NI1	1-0	alsh.	178 3	-2-53	
	Ħ	24a. BURIAL, CREMA-		4		OR CREMATOR	24d. LOCAT	(City, town	, or county)	(State)	
	X	TION REMOVAL (Breatty)			Chapel	V		City M	0.		
		DATE REC'D BY LOCAL	REGISTRAR'S S	SIGNATURE	446	25. FUNERAL DIR	ECTOR'S SI	GNATURE	ADDRE		
	[March 6, 1953	1 cano	م مريد	ارم ص	01.9.10	ggar	T K	ing Ci	ty Mo.	
				(Licensed	Embalmer's Si	stement on Reverse	Side)				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of	f this co	ertificate	was embaln	ned by me,	or by	
	,	Student	t Embalmer	No		Pe 22 44-0
working under my personal supervision.	1	1	$\widehat{}$			

Student Embalmer

Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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 this body is not embalmed, fact should be so stated above.