	THE DIVISION OF HEALTH OF MISSOURI		99265			
FILED NOV 13 1956	STANDARD CERTIFIC	STANDARD CERTIFICATE OF DEATH		STATE FILE NUMBER		
1,,	tion District No. 137 Prim	ary Registration District No.	3023 Registr	or's No. 299		
1. PLACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceased lived. If institution			
o. COUNTY Henr	У	O. STATE MISSO	LY b. COUNTY	enry		
b. CITY (If outside corporate limits OR	, give TOWNSHIP only) Inside Limits Yes, No□	c. CITY OR	+ 1 429	Inside Limits		
c. FULL NAME OF (If NOT in hosp		TOWN CZ/N	(If outside, give location			
INSTITUTION Gener	a Hosp4 wks	d. STREET 320	W. Chinton	Yes D. J. No X		
DECEASED //	ret Middle	A Last	4. DATE Month	Day Year		
5. SEX SI B. COLOR OR RAC	C (None)  E 7. married □ never married □ 8	TAICS	9. AGE (In years IF UNDER 1	3 195		
Male white	<b>A</b>	Sept. 5 1873	last birthday) Months L	Days Hours Min.		
Oa. USUAL OCCUPATION (Give kind of work during most of working life, even if ret		1. BIRTHPLACE (City and state of	r country) 12. CITIZEN	OF WHAT COUNTRY?		
Hetired Farmer 3. FATHER'S NAME	Farm	Henry Co. /	Missouri · U	.S.A.		
William A	lates	Win Known)	Black	Yburn		
15. WAS DECEASED EVER IN U.S. ARMED F (Yes, no, of unknown)   (If yes, pine war or date	s of service)	INFORMANT	Address	<del></del>		
18 CAUSE OF DEATH [Enter only on	4/99-14-9/14	Halph Gal	es Chi	N/ O/V //		
PART I, DEATH WAS CAUSED BY:	11 74 0			ONSET AND DEATH		
IMMEDIATE CAUSE	(6) 1- groundite / M	xuma		2009		
Conditions, if any, DUE TO which gave rise to	(6) Menia			2 Week		
above cause (a), stating the under-	10 Chromis Wenter	esta o	592 X	3 mnou		
PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?		
5				YES NO		
20a. ACCIDENT SUICIDE HOM	CIDE 206. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injuty in F	Part I or Part II of item 18.)			
			<del></del>			
20c. TIME OF Hour Month, Day, INJURY a. m. p. m. 20d. INJURY OCCURRED 20c						
	PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
WHILE AT NOT WHILE O	,			<del>- 1- 1 ~-</del>		
21. I attended the deceased from		/31/36 and	last saw Han alive on	0/31/56		
Death occurred at / (2/5/ 22a /SIGNATURE)		stated above; and to the be 22b. ADDRESS	st of my knowledge, from	22c. DATE SIGNE		
Wr. K. S. Hallen	musice (W.D.	Christian	Tursiami	11/8/5		
3g. BURIAL, CREMATION. 23b. DATE	23c. NAME OF CEMETERY OR CRE	EMATORY 23d. LOCA	TION (City, town. or county)	(State)		
Burio Mov. 3.	1956 ENglewood	<i>!</i> ·	ChiNTON	Misson		
4. FUNERAL DIRECTOR	ADDRESS 25. DAT	E RECD. BY LOCAL REG. 26.	REGISTRAR'S SIGNATURE	2.`.		
.c. Consalur	Chester Mo. 111-	96-6-	much L	my um		
<u>,                                      </u>	(Licensed Embalmer's Statement	nt on Reverse Side)		<u> </u>		

## STATEMENT BY LICENSED EMBALMER

1 ne	ereby certhy	that the body	y wnose nam	ne is recorde	u on the reverse	side of this	certificate	was em
by me, o	r by					., Student E	mbalmer No	

working under my personal supervision..

working under my personal supervision..

Signature of Student Embalmer

Student .....

Sugare K

Licensed Embalmer No. ......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I 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.