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Policy Service Servi	Health, 3. Welfare	, FILED AP	R 22 1957				FILE NUMBER
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASED EVER IN U. S. ARMED FORCES) 16. SOCIAL SECURITY NO. 17. IMPORMANT 17. IMPORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. WAS AUTOPSY OF PERFORMED (C) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter Nature of Injury in Part I or Part II of Nem 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter Nature of Injury in Part I or Part II of Nem 18.) 20. MINURY OCCURRED WHILE AT MORK 21. I attended the deceased from Sept. 150. (c) 20. NOBN m on the date stated above; and to the best of my knowledge, from the causes stafed.		during most of w	orking life, even if retired)		l _		0.5
15. WAS DECEASED EVER IN U. S. ARMED FORCEST (17 to No. or undrown) (18 cause of Death (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if any, which gave rise to about cause (a). Conditions, if any, which gave rise to about cause (a). DUE TO (b) PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTISTIN BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT COMBITIONS CONTRIBUTING TOTIS	mpt ath	13. FATHER'S NAME	-		14. MOTHER'S MAIDEN NA	ME	
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				Noon m on the date	stated above; and to t	. The last saw him and	ige, from the causes stated.
E S Brooklield Mo 4/16/51	corone in P	22a. SIGNATURE	B Sink		226 ADDRESS	Chield	MO 4/16/57
23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)			·			_ / ` ` ` `	county) (State)
BURIAL APR. 18,1957 ST. MICHAEL CEM BROOKFIELD MO	Doct diss	BURIAL	14 18. 18.145 (STMICHAEL			
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 167-1 WRIGHT FUNERAL HOME. DROCKFIELD MO.	TURE						
(Licensed Embalmer's Statement on Reverse Side)							

working under my personal supervision...

Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

P. O. Address

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.