olth,						THE DIVISION OF H	EALTH	1 OF MISSOURI		-2a	ก22	
eifare		FILED AUG !	5 1957		Si	TANDARD CERTI	FICA	TE OF DEATH	\$1	TATE FILE	NUMBER	
olic vice			100.	ration Dist	rict No	98	Prin	nary Registration District No	. 4165	Registror's	No. 82	
o Y	1. PLACE OF DEATH o. COUNTY Daviess							2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Linn				
57		b. CITY (If outsi OR TOWN GE	de corporate li Allatin		only) Inside Limits Yes X No		c CITY OR TOWN Pardin			Olnside Limits Yes X No		
		c. FULL NAME O HOSPITAL OR INSTITUTION	Jauni	tas R	ve location est	n) Length of stay in 1b Home 2 Month		d. STREET (If outside, give loc ADDRESS p		location)	reside on Form Yes No 🔀	
	3	. NAME OF DECEA	SED	First		Middle		Last	4. DATE N	lonth	Day Year	
				ora		Alice_	(Cassity	DEATH Ju			
	5	sex / Female	6. COLOR Whi			HED NEVER MARRIE		8. DATE OF BIRTH Oct. 27, 18	1 t. a C /- a L d A l	Months De	YEAR 1F UNDER 24 HRS.	
	10-	o. USUAL OCCUPATION during most of working Housev	ON (Give kind of ing life, even if WII'e	work done		D OF BUSINESS OR USTRY HOME		11. BIRTHPLACE (City and Rantoul Co.		USA	N OF WHAT COUNTRY?	
		g. FATHER'S NAME				136. MOTHER'S MAID	-	·	14. NAME OF HUSBA		-	
		F.M.Tatte	ershal.	1				Robertson Unknown				
POSSIBLE	15 (Y	es, no, pr unknown) (If	ER IN U. S. ARI	MED FORCE or dates of so	S? ervice)	16. SOCIAL SECURITY None		17. INFORMANT Address Wrs. Etta Ball. Aransas Pass. Texas				
		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)						neelite		11	NTERVAL BETWEEN ONSET AND DEATH	
88. RIBBON TYPEWRITE IF	L CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTO									•	
8 8			•						26	OX	19. WAS AUTOPSY O PERFORMED? YES NO	
CK INK		20 ₀ . ACCIDENT	SUICIDE HO	MICIDE	20b. DE	ESCRIBE HOW INJUR	Y OCC	URRED. (Enter nature) of in	ijury in PART I or PART	N of item 18	3.)	
ST De COUS. Y BLACK	MEDICA	INJURY a	lour Month, D .m. .m.	ay, Year		-			-	-•		
USE ONLY		20d. INJURY OCC WHILE AT NO WORK AT				NJURY (e.g., in ar abor street, office bldg., o		, 20f. CITY, TOWN, OR L	OCATION CO	YTNUC	STATE	
		21. I attended the deceased from July /- 57, to July 1-57 and tast saw her alive on July 1-57 Death occurred at 11:30P m on the date stated above; and to the best of my knowledge, from the causes stated.										
911 018		22a. SIGNATURE	2. B.	ule	(Degree i	00		1 22b. ADDRESS	ntmo		22c. DATE SIGNED 7-27-57-	
-	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specific Property Rose Hill Cemetery Brookfield, Missouri											
70	24. ONE AL TREETOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE											
	Hope Funeral Home, Gallatin, Mo. 021 Outure Mungelkar											

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ed on the reverse side of this certificate was embalm
by me, or by	, Student Embalmer No.
working under my personal supervision	

working under my personal supervision.

Student ..

Licensed Embalmer

P. O. Address Johnson

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.