1. PLACE OF DEATH 6. COUNTY HENT 7 OWN WINDSOT 7 OW	THEN IAM TO HOLD	THE DIVISION OF HEALTH OF MISSOURI	44	44168	
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D. CITY (II ogyalde corporate Venits, give TOWNSHIP only) OR	1. PLACE OF DEATH	2. USUAL RESIDEN	CE (Where deceased lived. If instituti	on: Residence	
C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF (If NOT in hospital, give location) C. FULL NAME OF IN NAME C. SEX T. (If outside, give location) C. CADATION (Give kind of work done work done in No. NAME) C. CADATION (Give kind of work done work done in No. NAME) C. FULL NAME OF IN NAME C. FULL NAME OF IN NAME C. CADATION (Give kind of work done in No. NAME) C. CADATION (Give kind of work done in Name) C. CADATION (Give kind of work done in Name) C. CADATION (Give kind o			o. b. COUNTY Hen	<i>TY</i>	
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S. SEX 6. COLOR OR RACE 7. MARMED Sever MARRIED 8. DATE OF BIRTH 9. AGE (lowers Funder 15th 1	3. NAME OF DECEASED First		4. DATE Month	Day Y	
10a. USUAL OCCUPATION (Give kind of each dense widow) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (City and state or country) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 10c. SCIAL SECURITY NO. 11. BIRTHPLACE (City and state or country) 11. BIR	5 5EV (C0100000		11 100 7	4-1	
INDUSTRY Green Ridge	F. W.	MARRIED GEVER MARRIED	9. AGE (layears IF UNDER 1		
130. FATHER'S NAME 131. MOTHER'S MAIDEN NAME 132. MOTHER'S MAIDEN NAME 133. MOTHER'S MAIDEN NAME 134. MOTHER'S MAIDEN NAME 135. WAS DECREASED EYER IN U. S. ARMED FORCES? (Yes, no approximent) (If yes, give war or data of service) 14. NAME OF HUSBAND OR WIFE 15. SOCIAL SECURITY NO. 17. INFORMANT 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 A 19. WA	during most of working life, even if retired)		nd state or country) J 12. CITIZE	S A	
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Buria) 12-26-1957 Laure Vax (emetery Windsor Mo.		23c. NAME OF CEMETERY OF CREMATORY	23d. LOCATION (City, town, or county)	· (State	
Ellis Huston Windsor Mo 1-2-58 mildred Bran	Buria) 12-26-19	ADDRESS 25 DATE BEED BY I GOLD BY	WITASOT MO.		
	Ellis Huston L	Nindsor, Mo 1-2-58	mildred &	igu	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed
by me, or by	Student Embalmer No.
working under my personal supervision.	0.0
Student	Signed Wifford Gouge
Signature of Student Embalmer	Signed Clifford Louse Licensed Embalmer No. 5.0/14 P. O. Address Windson, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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.