, A.	SH	PR 11	1900	042					100	0		402	, —	STATE I	FILE NUN	ABER
1.	Regi	stration Dist	trict No	<u> </u>	Prir	nary Regi	istration D	District No.		Registrer	r's No	400	_ _			
-	1. 9	PLACE OF D	FATH						- -	2. USUAL RI	ESIDENCE	(Where	deceased liv	ed. If instit	tution: R	esidence be
1.	•	. COUNTY		Buch						a. STATE	lo.	ъ.	COUNTY	Bucha	nan	edmission
	ŧ	o. CITY (If a	outside cor	porate limits	, give TOWN	SHIP only	λ) Γ	Length of s	stay in 1b	c. CITY OR						Inside Lim
ı		TOWN	St.	. Josej	ph		1	7 yea	rs	OR TOWN	St.	Jose	ďа			Yes 🙀 No
1		. FÜLL NAA	ME OF (If	NOT in hosp	ital, give loca	tion)			le Limits	d. STREET ADDRES		_	(If cutside,	give location	n)	Reside on f
I.		INSTITUT	ION Me	. Metl	nodist	Hosp	!•	Yes 5	No 🗆	70010	5	07 <mark>늘</mark> E	. Loui	s		Yes No
1-		NAME OF E			First		Mi	iddle		Last	1	. DATE	Mo	onth	Day	Yea
ı	(Type or pri	nt)	NOI	RA	E	TTA		HANN	ER	- 1	OF DEATH	March	26, 19	960	
1-	5. 3	SEX		6. COLOR	OR RACE	7. M	arried 🔲	Never A	Aarried 🗌	8. DATE OF	BIRTH	9. AGE (I	est birthday)	IF UNDER) YEAR	IF UNDER
ı		femal	le	whi	ite	Wid	dowed 📋	Di	vorced 😿	3/4/189	77	63		Months	Days	Hours
-	10a. l			1	f work done	10b. KI	IND OF BU	SINESS OF	RINDUSTRY	11. BIRTHPL	LACE (Cit		or country)	12. CITIZ	EN OF W	VHAT COUN
1		luring most	of workin	g life, even	if retired)					A71.	14	_		}	T101 -	
-	13a. f	HOUS ATHER'S N	Sewife			 	OWR h	THER'S MA	IDEN NAME	Alhan	<u>у, м</u>	D - 14	NAME OF	HUSBAND O	R WIFE	
1			iam Ri	ilev					Parso				Marcu			
1 -	15. \	WAS DECEA	SED EVER	IN U.S. ARA	MED FORCES?			IAL SECUE		17. INFORMA	NT			Address		
	(Yes,	no or unkr	nown) j (lf	yes, give wa	r or dates of	service)	_	nonw		Mrs. Pe		Sima-] w D	ondol -	11-	
I -										mis. re	-01.T	ormer.	Ly, nos	endare		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:															INT	ERVAL BETV
			PART I.	(Enter only on DEATH WAS	one cause per S CAUSED BY	line for	(a), (b), ar	nd (c).	_ ^		_					ERVAL BETV SET AND DE
			Condition	IMMEDIA	one cause per S CAUSED BY ATE CAUSE (a DUE TO (I) <u>M</u>	yocar	nd (c).	Infaro	tion						erval bety set and de lden
2			Condition which gas above constituting the latest the condition of the latest	IMMEDIA ns, if any, over rise to ause (a), he under- ouse last.	DUE TO (IDUE TO (IDUE TO (IDUE TO (IDUE TO (IDUE TO (IDUE TO (IDUE))	c)	yocar	dial		tion	rted to ti	ne termina	I PART		Suc	iden
NOIT			Condition which gas above constituting the latest the condition of the latest	IMMEDIA ns, if any, over rise to ause (a), he under- ouse last.	DUE TO (I	c)	yocar	dial			sted to ti	ne termina	I PART	there a	Suc	lden
NOTACI			Condition which gas above to stating the stating the state of the stat	IMMEDIA is, if any, ive rise to ause (a), he under- iuse last. OTHER SIG disease con	DUE TO (I DUE TO (I DUE TO (I SNIFICANT C dition given	c)	ONS CONT	rdial	TO DEATH	i but not rela				there a	Suc	vas female cy in last %
MOLEGATION		9. WAS AU	Condition which gas above cataling trying cataling cataling trying cataling trying cataling ca	IMMEDIA ns, if any, over rise to ause (a), he under- ouse last.	DUE TO (I DUE TO (I DUE TO (I SNIFICANT C dition given	c)	yocar	rdial	TO DEATH					there a	Suc	vas female cy in last %
NOTE OF STREET		P. WAS AL PERFOR, YES []	Condition which gas above constrained to the strained to the s	IMMEDIA Is, if any, over rise to ause (a), the under- iuse last. OTHER SIG disease cor	DUE TO (I DUE TO (I DUE TO (I GNIFICANT C dition given	c)	ONS CONT	rdial	TO DEATH	i but not rela				there a	Suc	vas female cy in last %
		9. WAS AU	Condition which gas above cataling triping cataling cata	IMMEDIA Is, if any, over rise to ause (a), the under- iuse last. OTHER SIG disease cor	DUE TO (I DUE TO (I DUE TO (I SNIFICANT CI Idition given	c)	ONS CONT	rdial	TO DEATH	i but not rela				there a	Suc	vas female cy in last %
AAPOICA CEDITICATION	במוכטו הבאוווירטווסא	P. WAS AU PERFORI YES () Oc. TIME OF INJURY	Condition which gasove cataling taling talin	IMMEDIA ns, if any, live rise to ause (a), he under- luse last. OTHER SIC disease cor 20a. ACCIDE Month, [DUE TO (I DUE TO (I DUE TO (I SNIFICANT C dition given	c)	yocar	TRIBUTING	TO DEATH	i but not rela	URRED, (i	inter natur		there a	Suc	vas female cy in last %
	במוכטו הבאוווירטווסא	9. WAS AU PERFORY YES [] Oc. TIME OF INJURY Od. INJURY	Condition which gas above of stating at the part is. PART II. JIOPSY WED? NO 03 F Hour a.m. p.m.* OCCURRE	IMMEDIA as, if any, over rise to ause (a), the under- suse last. OTHER SIG disease con Month, I	DUE TO (I DUE TO (I DUE TO (I GNIFICANT C Idition given Day, Year	ondition in Part	ONS CONT	TRIBUTING	TO DEATH	i but not rela	URRED, (i	inter natur		there a	Suc	vas female cy in last %
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	1 2	P. WAS AU PERFOR YES Oc. TIME OF INJURY Dd. INJURY WHILE NOT W	Condition which gas above constituting to the stating to the stati	IMMEDIA ns, if any, ive rise to ause (a), he under- iuse last. OTHER SIG disease cor 20a. ACCIDE Month, I	DUE TO (I DUE TO (I DUE TO (I GNIFICANT C Idition given Day, Year 20e. PLACE farm,	ondition in Part	ONS CONT	TRIBUTING 20b. DES	TO DEATH	V INJURY OCC	URRED. (I	ocation	e of injury i	there a	eased v pregname	vas female cy in last %
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MUNICAL CAROLES	2 2 2	9. WAS AU PERFORMYES OF INJURY WHILE NOT WILL Death or 2a. SIGNAU	Condition which gas above to stating to stat	IMMEDIA ns, if any, ive rise to ause (a), he under- iuse last. OTHER SIG disease cor 20a. ACCIDE Month, I	DUE TO (I DUE TO (I DUE TO (I GNIFICANT C ddition given Day, Year 20e. PLACE farm,	OF INJUSTACION OF STATE OF STA	DNS CONT	TRIBUTING 20b. DES in or about the bidg., e	t home, 2 tc.)	of. CITY, TOW date stated et 22b. ADDRESS	WRRED. (I	OCATION ast saw his to the be	e of injury i	county 3/26/60 bwledge, from Board h. Mo.	eased v pregname N PART II c	vas femele y in last 90 Un of item 18.) STA Uses stated. 22c. DATE 5
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OWD Company	23. E	9. WAS AUPERFORFYES [] 0c. TIME OF INJURY 0d. INJURY WHITE WAS AUPERFOR WHITE WAS AUPERFOR WA	Condition which go above control of the part of the pa	IMMEDIA ns, if any, ive rise to ause (a), he under- iuse last. OTHER SIG disease cor Month, [D ORK eased from	DUE TO (I DUE TO (I DUE TO (I SNIFICANT Condition given Day, Year 20e. PLACE farm, 3/ 5:2/	ONDITIC in PART OF INJUSTACE OF OR INJUSTACE OF INJUSTA	ONS CONT i (e) URY (e.g., street, offin	TRIBUTING 20b. DES in or about the bidg., e	t home, 2 tc.) 3/26/ _m on the	of. CITY, TOW date stated at 22b. ADDRESS Oth & C	wn, or the same of socious and	ocation ast saw hit to the be at We St.	e of injury i	COUNTY 3/26/60 wiledge, from Board h, Mo. win, or county	eased vpregname N PART II o	vas female vy in last 90 Un of item 18.) STA Uses stated. 22c. DATE S 3/27/60 (State)

STATEMENT BY LICENSED EMBALMER

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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.