	DEP ARTMEN		UNAL-7MB TIRI D OR CORONER) TE OF DEATH	IVISION OF HEALT	124	71 0022	2323
DO NOT WRITE ON THIS STUB	VS 300	Registration Dis	strict No.	Primary Registration	District No. 300 Z	Registrar's No.	<u>, 3 4</u>
9. /	Rev. 1/70	I. Mrs. Bertha	AGE-LAST UNDER 1 YE	Strange		June 12, 1971	<del></del>
0 <del>0. 78</del> 0ь.	4.0047	LIC. (SPECIFY)  4. White CITY, TOWN, OR LOCATION OF DEAT	Sa 7 8 Sb. H INSIDE CITY L	DAYS HOURS MIN, YEAR  SE. 6. ]		70. Audrain	<del></del>
1. 0	DECEASED	Th. Mexico STATE OF BIRTH CIF NOT IN U.S.A., NAI		MARRIED, NEVER MAR		ET	
2. 2 3./1/4 X	USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN	MISSOUTI SOCIAL SECURITY NUMBER	7. II C A USUAL OCCUPATION (GIVE R WORKING LIFE, EVEN IF RETIRED)	WIDOWED, DIVORCES	11.	IDUSTRY	<b></b>
4.	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.	12 486-18-2928 RESIDENCE-STATE COUNTY	n. Nurse	N, OR LOCATION	136. INSIDE CITY LIMITS STREE	T AND NUMBER	
5. <b>2/</b>	6.0/00 PARENTS	FATHER—NAME HEST	oone 14c. St	urgeon MOTH	144. 14e.	WIODLE	LAST
7.	PARENTS	15. Robert	<b>E.</b> J	MAILING ADDRESS	Annie (STREET OR R.F.D. NO., CITY		Winn
8. <b>Q</b> 9. CREDITS		PART I. DEATH WAS CAUS			rgeon. Missouri	APPE	OXIMATÉ INFERVAL N ONSET AND DEATH
10. 2 -0			espiratory fai	lure			days
		l ·	ulmonarv metas	tasis		10	70

15. 4  16. 0/100  PARENTS  18. Missouri III. Boone III. Sturgeon III. III. Robert E. Jennings II. Annie D. Winn. III. III. Boone III. Sturgeon Missouri III. III. Robert E. Jennings II. Annie D. Winn. III. III. Boone III. III. Boone III. III. Boone III. III. III. III. III. III. III. II	14,	KESIDEMCE BEIORE	400-10-2326   Marse					
16.  17.  18. 0  19. CREDITS  20. 2 -0  20. 2 -	————	ADMISSION.						
FATHER—MAME 11837 MIDDLE 12831 MOTHER—MADEEN NAME 11851 MIDDLE 12831  17.  18. O  19. CREDITS  10. Mrs. Edna Roberts Missouri Milling Address (Shier or R.J.D., Mo., CITY OR TOWN, STAIR, EIP)  10. Mrs. Edna Roberts Missouri Milling Address (Shier or R.J.D., Mo., CITY OR TOWN, STAIR, EIP)  10. Mrs. Edna Roberts Missouri Milling Address (International Color of the Color	15. <b>2/-</b>	6.0100	1 444 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
INFORMANT—NAME    INFORMANT—NAME   MAILING ADDRESS   ISTRET OR R.F.D. NO., CITY OR TOWN, STATE, IP?	16.	PARENTS		LAST				
INCORMANT—HAME  INCORMANT—HAME  INCORMANT—HAME  INCORMANT—HAME  INCORMANT—HAME  INC. Mrs. Edna Roberts  INC. Sturgeon, Missouri  INCORMANT—HAME  INC. Mrs. Edna Roberts  INC. Mrs. And Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	17			Winn				
PART I. DEATH WAS CAUSED BY:  [ENTER ONLY ONE CAUSE PER LINE FOR (D), (b), AND (c)]  [II. MANDIAIT CAUSE  (a) Respiratory failure  (b) Respiratory failure  (c) Respiratory failure  (d) Respiratory failure  (e) Respiratory failure  (f) Pulmonary metastasis  (g) Pulmonary metastasis  (h) Pulmonary metasta	17.		INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.O. NO., CITY OR TOWN, STATE, ZIP)					
PART I. DEATH WAS CAUSED BY:  [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]  [II. DEATH WAS CAUSED BY:  [II. DEATH WAS CAUSED BY:  [III. DEATH WAS CAUSED BY:  [II	18. 💋							
(c) Respiratory failure    SUPPRINCE CAUSE   CONDITIONS, IT ANT, WHICH GAVE RISE TO SUPPRINCE CONTINUES.   CONDITIONS, IT ANT, WHICH GAVE RISE TO SUPPRINCE CONTINUES.   CONDITIONS, IT ANT, WHICH GAVE RISE TO SUPPRINCE CONTINUES.   CONDITIONS CONDITIONS CONDITIONS CONTINUES.   CONDITIONS CONDITIONS CONTINUES.   CONTIN	19 CREDITS	ĺ	PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] BETWEEN					
CAUSE  CAUSE  CAUSE  CONDITIONS, If ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (I) Pulmonary metastasis  (b) Pulmonary metastasis  1970  Left breast cancer  Left breast cancer  Left breast cancer  PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (g)  ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY EMONTH, DAT, YEAR? HOUR HOW INJURY OCCURRED LENTER NATURE OF INJURY TIME IN THE INTERNATION OF THE ANSAL OF THE INVESTIGATION.  ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY EMONTH, DAT, YEAR? HOUR HOW INJURY OCCURRED LENTER NATURE OF INJURY AND SIDERED IN DETERMINED TO PART II, ITEM III  ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY EMONTH, DAT, YEAR? HOUR HOW INJURY OCCURRED LENTER NATURE OF INJURY AND AND AND INJURY OCCURRED LENTER NATURE OF INJURY AND AND AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED LENTER NATURE OF INJURY INFO THE AND INJURY OCCURRED INFO THE AND INJURY OCCURRED IN INJURY OCCURRED INFO THE INJURY OCCURRED IN INJURY OCCURRED INFO THE INJURY OCCURRED IN INJU	- CKEDITS		•••	I				
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PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)  ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED 1-9001   15   15   10   10   10   10   10			STATING THE UNDER- DUE TO, OR AS A CONSEQUENCE OF:					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)  206.  206.  207.  208.  208.  208.  208.  209.		CAUSE	LAIT DEAST CANCAR	1967				
ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY EMONTH, DAY, YEAR HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART 1 OF PART 1), ITEM 17 70.  NO. 10 10 10 10 10 10 10 10 10 10 10 10 10			PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (Q) AUTOPSY IF	YES WELL HINDINGS C				
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The state of the transfer of t			ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY CHONTH, DAY, YEAR HOUR HOW INJURY OCCUPRED LENTER NATURE OF INJURY IN PART					
INJURY AT WORK (SPECIFY YES OR HO)  20 .								
20g.   20			INJURY AT WORK PLACE OF INJURY AT HOME, FARM, STREET, LOCATION (STREET OR R.F.O. NO., CITY OR TOWN, STATE) IF D	ECEASED WAS FEMAL				
CERTIFICATION— MONTH DAY YEAR MONTH DAY TEAR DEATH.  CERTIFICATION—MEDICAL EXAMINER OR CORONERS OF THE MOUS OF DEATH MONTH DAY TEAR OF THE CAUSEISS OF THE MOUS OF DEATH MONTH DAY TEAR OF THE CAUSEISS OF THE MOUS OF DEATH MONTH DAY TEAR MONTH DAY			oo/   INL	AST 90 DATE				
PHYSICIAN: I ATTENDED THE May 4, 1971 TO June 12,1971 THE BASIS OF THE HOUR OF DEATH ADDITIONAL EXAMINER OR CORONERS IN the BASIS OF THE HOUR OF DEATH ADDITION OF THE BASIS OF THE HOUR OF DEATH ADDITION OF THE BASIS OF THE HOUR OF DEATH ADDITION OF THE BASIS OF THE HOUR OF DEATH ADDITION DAY DEATH ADDITION DEATH ADDITIO	. ¥ ₹		) Izon,					
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Examination of the body and/or the investigation, in my opinion, bearing the control of the causers stated.  6:40 am 1716. June 12, 1971 6:40			ZIB. 1216.   ZIB.   ZIB	M. TO THE CAUSE(S) STA				
	_	CERTIFICA	EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, MONTH DAY YEAR					
	S Z S	CERTIFIER	$a_{M,175}$ June 12, 19(1	6:40 a				

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E, DUE STATED, 6:40

DATE SIGNED (MONTH, DAY, YEAR)

n June 14.

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Type or PERMANENT See handbook

BURIAL

73d.

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DATE (MONTH, DAY, YEAR)
244. 6-14-1971

FUNERAL DIRECTOR - SIGNATURE

CERTIFIER-NAME INFE OF PRINTS

BURIAL, CREMATION, REMOVAL

Burial

23. L. Lachance, M.D. MAILING ADDRESS—CERTIFIER

CEMETERY OR CREMATORY-NAME

REGISTRARI-SIGNATURE

Mt. Horeb Cemetery

110 W. Sheed, Centralia, Missouri

SIGNATURE

FUNERAL HOME—NAME AND ADDRESS (STREET OF R.F.O. HO., CITY OF TOWN, STATE, DF)
250. Fenton Funeral Chapel, Sturgeon, Missouri

LOCATION

24c.

CITY OR TOWN Sturgeon, Missouri

DATE RECEIVED BY LOCAL REGISTRAR

## STATEMENT BY LICENSED EMBALMER

1 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.		Q f + 1
Student		Signed O Lenlow
	Signature of Student Embalmer	
		Licensed Embalmer No. 3705

P.O. Address 104 South Collier Centralia, Missouri 65240

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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.

Fe intom