

FILED JUN 24 1971

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH (PHYSICIAN OR CORONER)

124 STATE 0025956

CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5386

DO NOT WRITE ON THIS STUB
9. 1
10a. 0
10b. 0
11. 0
12. 0
13. 968X
14. 1
15. 1
16.
17.
18. 3
19. CREDITS
20.

VS 300 Rev. 1/70

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Form with fields for DECEASED, FATHER, MOTHER, INFORMANT, PART I (DEATH CAUSE), PART II (OTHER CONDITIONS), ACCIDENT, CERTIFICATION, CERTIFIER, and BURIAL.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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.

Student _____
Signature of Student Embalmer

Signed _____

Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.