STANDARD CERTIFICATE OF DEATH  SHETH NO	DO		THE DIVISION OF HEALTH OF MISSOURI $12742$							
1. PLACE OF DEATH  a. COUNTY  D. CITY (III evideds corporate) listle, write BURBAL and dree  OUT (III evideds corporate) listle, write BURBAL and dree  OUT (III evideds corporate) listle, write BURBAL and dree  OUT (III evideds corporate) listle, write BURBAL and dree  OUT (III evideds corporate) listle, write BURBAL and dree  OUT (III evideds corporate) listle, write BURBAL and dree  OUT (III evideds corporate) listle, write BURBAL and dree  OUT (III evideds corporate) listle, write BURBAL and dree  OUT (III evideds corporate) listle, write BURBAL and dree  INSTITUTION  3. NAME OF and for far he hospital or laudication, three street address or boastice)  INSTITUTION  3. NAME OF (III evideds corporate)  3. NAME OF (III evided)  4. DATE (Month) (Day) (Year)  DEATH (III evided)  4. DATE (Month) (Day) (Year)  13. NAME OF HUSBAND OR VITE BURBLE OR III EVIDED III EVID		STANDARD CERTIFICATE OF DEATH  State File No.								
B. COUNTY    D. CITY OF optides corpussing limits, writes BUTHAL and selven   D. C. CITY   D. C. C. CITY   D.		FILEU AF	PR 19 195	4 REG.	DIST. NO. 224	PRIMARY REG. DIS	T. 10.3046 Res	pistrar's No	66	
D. CITY (II occide control services) graduate with RURAL and give severable)  C. CITY (III CANADO OF CONTROL O						a. STATE 7/1 b. COUNTY 20 adminion).				
C. PILL NAME OF UT of in brayfold or Institution, circumstand   C. P. MARTHAL OR   C. CLART)   C. P. MOORESS   C. CLART)   C. CLART   C. CLAR		OR 🥒	rporate limite, write	RURAL and	c. LENGTH OF township) STAY (In this place)	OR /	elitamia	d. Is Resid	d. Is Residence within limits of	
DECEASED (1790 or Print)  5. SEX  6. COLOR OR RACE   7. MARRIED, NEVER MARRIED,   8. DATE OF BIRTH  10. USUAL OCCUPATION (tive stad of work done of string mark of string m		MUSPITAL OR	If no in hospital or	Institution.	give street address or location)	. STREET ADDRESS	(If tural, give location)	<b>L</b>		
8. SEX 6. COLOR OF RACE 7. MARRIED NEVER NEV		DECEASED	a. (First)  KATU	RINE	b. (Middle)	c. (Last)	i Of	(Month)		
10. KIND OF BUSINESS OR IN.   10. KIND OR BUSINESS OR IN.   10. KIND OF BUSINESS OR IN.   10.			COLOR OR RACI	WIDO	WED, DIVORCED (Brecity	10	9. AGE (In y		YEAR IF UNDER 11 MES. Days Hours Min.	
13b. MOTHER'S MANE    13b. MOTHER'S MAIDEN NAME   13b. MOTHER'S MAIDEN NAME   14c. NAME OF HUSBAND OR VIFE   15c. WAS DECASTO EVER IN U.J. ARMED FORCES? (Yes. no. or unknown) (If yes. pit/var or dates of service)   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   16. CAUSE OF DEATH   1. DISEASE OR CONDITION   1. MEDICAL CERTIFICATION   1. MEDICAL CERTIFICATION		10a. USUAL OCCUPATION (Give kind of work done define most of working life, even if retired)				11. BIRTHPLACE	(City and State or Foreign (	country)	12. CITIZEN OF WHAT	
S. WAS DECEASED EVER IN U. J. ARMED FORCES! (Yea, Do, or unknown) (If yea, et year or date of service)   16. SOCIAL SECURITY   17. INFORMANY'S SIGNATURE OR NAME   ADDRESS   18. CAUSE OF DEATH   19. CAUSE   19					13b. MOTHER'S MAIDEN	NAME	<del></del>	1	<u> </u>	
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)  **This does not meen the time mode of dying, such as heart felture, eitheride, catheride, ca	ľ		yes, giff war or dat		NO.		T'S SIGNATURE OR		ADDRESS	
**This does not meen the mode of dying, such as heart fellure, eitheria, etc. It means the discovered to the above cause (s) stating tries tries the state of the above cause (s) stating tries tries the state of the above cause (s) at the above cause (s) at the state of the above cause (s) at the state of the above cause (s) at the above cause (s) at the state of the state of the above cause (s) at the state of the sta		Enter only one cause per	I DISEASE OR	CONDITION DING TO DI	MEDICAL		mania to L	o (	INTERVAL BETWEEN	
DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  120. DATE OF OPERATION  1210. MAJOR FINDINGS OF OPERATION  1210. PLACE OF INJURY (e.g., in or about building to the death boson, farm, factory, street, office bidg., sec.)  1210. TIME (Mostb) (Day) (Year) (Hoer) (Hoer) (STATE)  1211. TIME (Mostb) (Day) (Year) (Hoer) (Hoer) (Hoer) (WORK) AT WORK  1212. I hereby certify that I attended the deceased from alive on #10 , 18 5 f, and that death occurred at 2.30 fm., from the causes and on the date stated above.  1223. SIGNIATURE (Degree or titley) (Degree or titley) (State)  1240. NAME OF CEMETERY OR CREMATORY (ALLOCATION (City, town, or county) (State)  1241. ALLO DATE (Degree or titley) (State) (Calfornia) (City, town, or county) (State)  1250. PRES. (CALFORDIA) (City, town, or county) (State)  1261. The county of the causes and on the date stated above.  1262. DATE SIGNED (Calfornia) (City, town, or county) (State)  1263. DATE RECO BY LOCAL (REGISTRAR'S SIGNATURE) (Calfornia) (City, town, or county) (State)  1264. NAME OF CEMETERY OR CREMATORY (Calfornia) (City, town, or county) (State)  1265. DATE RECO BY LOCAL (REGISTRAR'S SIGNATURE) (Calfornia) (City, town, or county) (State)  1266. The county of the cause and on the date state addition (City, town, or county) (State)  1267. The county of the cause and on the cause and on the date stated above.  1268. The county of the cause and on the date stated above.  1279. DATE RECO BY LOCAL (REGISTRAR'S SIGNATURE) (Calfornia) (City, town, or county) (State)  1279. DATE RECO BY LOCAL (REGISTRAR'S SIGNATURE) (Calfornia) (City, town, or county) (State)		*This does not mean the mode of dying, such	Marbid conditio	ns. if ann. i	giving DUE TO (b)	aremon	e of Borbio	W		
198. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT. YES NO 2.  21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about blome, farm, factory, street, office bidg., sec) 1 home, farm, factory, street, office bidg., sec) 1 home, farm, factory, street, office bidg., sec) 2 ld. TIME (Mooth) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR?  21d. TIME (Mooth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK		ease, injury, or complica-			DUE TO (c)	•		<u> </u>	-	
21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (COUNTY)  (COUNTY)  (STATE)  (COUNTY)  (STATE)  (COUNTY)  (STATE)  (COUNTY)  (STATE)  (COUNTY)  (STATE)  (COUNTY)  (COUNTY)  (STATE)  (IP)  (COUNTY)  (STATE)  (COUNTY)  (STATE)  (COUNTY)  (STATE)  (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  (COUNTY)  (COUNTY)  (ST			Conditions control related to the dis	ributing to the	e death but not tion causing death.	•	· •			
HOMICIDE  21d. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE WORK AT WORK  22. I hereby certify that I attended the deceased from 4 19 54, to 4-13 , 19 54, that I last saw the deceased alive on 4-10 , 19 54, and that death occurred at 2.30 p.m., from the causes and on the date stated above.  23a. SIGNATURE: (Degree or title) 23b. ADDRESS 23c. DATE SIGNED Calaborica Mo. 4-14-54  24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Therefore By LOCAL (Byshir) April 15-1954 City Cemetery Or CREMATORY 24d. LOCATION (City, town, or county) Mo.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 566- 25 BUNERAL DIRECTOR'S SIGNATURE ADDRESS 14-14-5 REC. Helen S. SORIATURE 366- 366- 366- 366- 366- 366- 366- 366		19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF O			OPERATION		15	3 X -		
OF INJURY  DATE REC'D BY LOCAL  WHILE AT WORK AT WORK  WHILE AT WORK  AT WO		21a. ACCIDENT SUICIDE HOMICIDE	(Specify)			21c. (CITY, TOWN, C	OR TOWNSHIP) (	COUNTY)	(STATE)	
22. I hereby certify that I attended the deceased from 4-9, 1954, to 4-13, 1954, that I last saw the deceased alive on 4-10, 1954, and that death occurred at 2.30 p.m., from the causes and on the date stated above.  23s. SIGNATURE:  (Degree or title) 23b. ADDRESS  24s. BURIAL. CREMA- TION REMOVAL (Bypatry)  April 15-1954 like leveling land land land land land land land land		OF	(Day) (Year)	L,	WHILEAT . NOT WHILE .	21f. HOW DID INJU	RY OCCUR?			
23a. SIGNATURE:  (Degree or title) 23b. ADDRESS  23c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  (State)  25c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  (State)  (DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE 566- 25 JONERAL DIRECTOR'S SIGNATURE ADDRESS  4-14-5 PEG. Velen L. Sopyay 1)  (Degree or title) 23b. ADDRESS  23c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  (State)  25c. DATE SIGNED  26c. DATE SIGNED  27c. DATE S		2. I hereby certify that I attended the deceased from $\frac{4-9}{10}$ , $\frac{1954}{10}$ , to $\frac{4-13}{10}$ , $\frac{1954}{10}$ , that I last saw the deceas								
Decen at april 15-1954 lily lemeters California Mo.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 506- 25 DONERAL DIRECTOR'S STORYTURE ADDRESS  4-14-54 REG. Helen L. Jopepay 1) Lugh & Milliam California			20 1/20	0 X			A Dog	udic state		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 506- 25 DUNERAL DIRECTOR'S SACHATURE ADDRESS NO. 14-14-5 PERSON DELLA SACRATURE ADDRESS NO.	-			مزوان منزوان	24c. NAME OF CEMETER	Y OR CREMATORY	24d. LOCATION (City, t	own, or count	y) (State)	
(Lightner Emighner's Statement on Boverse Side)	ľ		10 3 00 - 01		506-	25. DONERAL DIR	ECTOR'S STICHTURE	ADD	HESS TRE	
	٢		1/200	<u>- 40, \</u>	(Libensed Emilalmer's S	tatement on Baverse	Side)	un cu	- James	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	on the reverse side of this certificate was emb
by me, or by	Student Embalmer No

working under my personal supervision..

Signature of Student Embelmer

Hugh & Helliam

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

this body is not embalmed, fact should be so stated above.