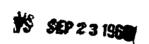
ALED JUN	<sup>2</sup> 3 1952	THE DIVISION OF HEALTH OF MISSOURI  STANDARD CERTIFICATE OF DEATH  State File N			21249
BIRTH NO		REG. DIST. NO. 224		79 - Registrar's N	. 42
I. PLACE OF DEA	MONITEA	AU	2. USUAL RESIDENCE ( a. STATE Missouri	Where deceased lived. If I	netitution: residence before
b. CITY (If outside so OR TOWN Rur	al Wall	ter township) STAY (in this	or Town Rural	is, write BURAL and give to	06 E-O
d. FULL NAME OF ( HOSPITAL OR INSTITUTION	(U not in hospital or in	stitution, give street address or locat	on) d. STREET (If renal	, give location)	. 6
3. NAME OF DECEASED (Type or Print)	a. (First) JOHN NICH	b. (Middle) HOLAS MOSER	c. (Last)	4. DATE (Month) OF JUNE	(Day) (Year) 11, 1952
MALE W	COLOR OR RACE HITE	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (8)	AUG. 3, 1870	9. AGE (In years) If the last birthday) Month	Days Hours Min.
10a. USUAL OCCUPATIO doze during most of workin FARMER	ON (Give kind of working life, even if retired)	10b. KIND OF BUSINESS OR DUST		ecountry) . H	12. CITIZEN OF WHAT COUNTRY?
3a. FATHER'S NAME UNKNOWN		13b. mother's mai	LYDI	ME OF HUSBAND OR WI	
IS. WAS DECEASED EVE (Yes, no. or unknown) (II	R IN U.S. ARMED F	ORCES7   16. SOCIAL, SECUR	₹0.		ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEADI	ONDITION NG TO DEATH*(a)		eis	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart fallure, arthenia, etc. It means the dis-	ANTECEDENT CAI Morbid conditions, rise to the above car the underlying caus	, if any, giving DUE TO (b) use (a) stating te last.			
ease, injury, or complica- tion which caused death.		DUE TO (c) ICANT CONDITIONS uting to the death but not e or condition causing death.	· · · · · · · · · · · · · · · · · · ·	<del></del>	-
19a. DATE OF OPERA- TION	196. MAJOR FIND	INGS OF OPERATION		4500	20. AUTOPSY?
SUICIDE HOMICIDE	(Bpecify) 21	1b. PLACE OF INJURY (e.g., in or at ome, farm, factory, street, office bidg., e	out 21c. (CITY TOWN, OR TOWNSHII	Moritle	(STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (H	21e. INJURY OCCURRE WHILE AT NOT WHILE WORK TWORK	D 21f. HOW DID INJURY OCCURT		
22. I hereby certify to alive on		e deceased from A	at, 1945, to kleve.	O, 19 S, that I la and on the date stat	•
23a. SIGNATURE	AR	uári Degregor titl		a :	B DATE SIGNED
24a. BURIAL OREMA- TION, REMOVAL (1964) BURIAL	JUNE 13,	24c. NAME OF CEME 1952 Lutheran	(St. Paul's) Cal	Tion (City, town, or con 1fornia, MK	inty) (State)
DATE REC'D BY LOCAL 6-20-5 BEG.	REGISTRAR'S SIG		) 25. FUNERAL DIRECTOR'S S		LIFORNIA, M
<del></del>		/ (Livensed Embalmer	s Statement on Reverse Side)		<del></del>



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose na			was embalmed by n	ne, or by
working under my personal supervision.	₹.	•	Embalmer No	• • • • • • • • • • • • • • • • • • • •

Signed.....

P. O. Address California )

P. O. Address California Ha.

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