FILED JUN 25 1956 STANDARD CERTIFICATE OF DEATH State File No. REG. DIST. NO. 67 PRIMARY REG. DIST.	# SIED HIM	0 E 10EB	THE DIVISION OF HE		P.	1014
T. FLACE OF DEATH SUNCY JOINS ON Notice of the control of the co	FILED JUN	20 1900	STANDARD CERTIF	ICATE OF DEA	State File No	******************
PLACE OF DEATH C. CUITY JOhns on S. SAME S. COUNTY JOhns on S. SAME S. SAME S. COUNTY JOHns on S. SAME S. SA	BIRTH NO		_ REG. DIST. NO. <u>/67</u>	PRIMARY REG. DIST.	NO. 76 7 Regimeer's No.	1256
County C				II		
TOWN Holden Town	John John	ıs o n		Misso		
TOWN Holden 6. FULL NAME Of the set in basephal or insultation, either stress delives or locations of NOSPITAL OR Holden MOSPITAL OR Holden Hospital 6. STRET 6. S	b. CITY (If outside cor	purate limite, write R		C. CITY (If outside sorporate limits, write RURAL and give township) OR		
MOSPITAL OR Holden Hospital ADDRES Howard Hotel A CAMP (Mooth) (Day) (Year) DECRASED A (Type or Print) S. SEX D (8. COLOR OR RACE Male White North Holden Hospital DECRASED A (Type or Print) S. SEX D (8. COLOR OR RACE Male White North Holden Hospital DECRASED A (Type or Print) S. SEX D (8. COLOR OR RACE Male White North Holden Hospital DECRASED A (Type or Print) DIA BARRIED NEVER MARRIED OF DIA MID OF BUSINESS OR IN- HOWELD DIVORCED identify MID OF BUSINESS OR IN- HOW VET'S INDIA BATTICE OF DESTINA Martin Jahn Mary Weisser IS. WAS DECRASED EVER IN U. S. ARMED FORCES; IS. WAS DECRASED EVER IN U. S. ARMED FORCES; IS. WAS DECRASED EVER IN U. S. ARMED FORCES; IS. CAUSE OF DEATH Enter only one-chapped in the was not date of earlies) IS. CAUSE OF DEATH Enter only one-chapped in the washing to the Armed in the washed of date on the about full than the printing of the Armed in the washed of date on the about full than the printing of the Armed in the washed of date on the about full than the printing of the Armed in the washed in the standard in the washed in the standard in the washed of date on the washed in the		l en		TOWN HOTGE		
DECEASE POID A TYPE PINT TO POINT JUNE 11 1956 SEX 0 S. COLOR OR RACE 1 MARRIED, NEVER MARRIE	H NOSPITAL OR .					υ~. o
Timpe or Print LOUIS GOGLIED Jahn DEATH JUNE 1. 1956	3. NAME OF	a. (First)	b. (Middle)	c. (Last)	OF	(Day) (Year)
Male White 100. USUAL OCCUPATION (Give hind of work of Mar 1 of Country) 100. USUAL OCCUPATION (Give hind of work of Mar 1 of Country) 100. KIND OF BUSINESS OR IN. Hardware,	A (Type or Print)				DEATH June 1]	
10b. USUAL OCCUPATION (Give bias deleved to be desired to be deleved to the delev	5, SEX 8 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, (WIDOWED, DIVORCED (Breakly)	8. DATE OF BIRTH	hast birthday) Months	Days Hours Min.
The County of th						1
13b. FATHER'S MANE 13b. MOTHER'S MAIDEN FAME 14. NAME OF HUSBAND OR WIFE	10a. USUAL OCCUPATIO	N (Cive kind of work a life, even if regred)	4 DUSTRY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		COUNTRY
MATTIN Jahn Mary Weisser never in the married is social security in the content of the deep in the second of the		retall				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, so, or enhances) (II yes, sive war or dates of service) 10	11	Tohn				•
NO. Francis Haldiman, Jamestown Mo. 1100.	i					ADDRESS
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) "This does not meen the meen of dring, such as heart failure, asthemia, cit. It means the disc cause (a) stating the underlying cause last. DUE TO (c) 19a. DATE OF OPERA- 19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Yoar) 21d. INJURY 21d. INJURY 21d. INJURY 21d. Indeed of the deceased from Meeth of the deceased from Method and that death occurred at 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Yes, no, or unknown) (If					
Enter only one-onisoper line for (a), (b), and (c) "This does not meen the mode of dring, such as heart failure, extensing, etc. It means the discrete film which caused death. "This does not meen the discrete film considered film which caused death." "This does not meen the discrete film considered film which caused death." "This does not meen the discrete film considered film considered film which caused death." "This does not meen the discrete film considered film considered film which caused death." "This does not meen the discrete film considered film considered film considered film considered film which caused death." "This does not meen the discrete film considered film considered film considered film considered film which caused death." "This does not meen the discrete film considered film considered film which caused death." "This does not meen the death of the death out rud related to the death of the			MEDICAL		diman. Vancobowi	I INTERVAL BETWEEN
This does not meem the mode of dying, such as heart failure, authenta, if any, giving DUE TO (b) **Subance Dispersion of dying, such as heart failure, authenta, atc. It means the ducese, injury, or complication which caused death. **DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS J.* **Conditions contributing to the death but not related to the disease or condition counting death. **Tion** 19a. DATE OF OPERATION TION** 21b. MAJOR FINDINGS OF OPERATION TION** 21c. ACCIDENT (Specify) 21d. PLACEOFINJURY (a.s., to or about SUICIDE HOMICIDE 21d. TIME (Mosth) (Day) (Your) (Ilour) 21e. INJURY OCCURRED WHILE AT NOT WHILE NOT WHILE NOT WHILE NOT WHILE AT NOT	11	I. DISEASE OR CO	ONDITION \sim 0		Su falur	ONSET AND DEATH
This doe so the them the mode of dying, such as heart failure, asthemia, etc. It means the discussed failure, asthemia, etc. It means the discussed failure, or compiled the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS J. Conditions contribuding to the death but not related to the discusse or condition cousing death. 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hear) 21e. INJURY (a.g., to or about NOMICIDE 21d. TIME (Month) (Day) (Year) (Hear) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK AT W	line for (a), (b), and (c)		·	7)	0 1	
as heart failure, astherite, ctc. It means the discovered the underlying cause last. DUE TO (c) 110 THER SIGNIFICANT CONDITIONS J DUE TO (c) 111. OTHER SIGNIFICANT CONDITIONS J Part of operation which caused death. 112. DATE OF OPERATION 113. DATE OF OPERATION 113. ACCIDENT (Specily) SUICIDE HOMICIDE HOMICIDE 114. ACCIDENT (Specily) 1210. PLACEOFINJURY (a.g., in or about blue, or a				sonce Di	tugelenson	1
Conditions contributely considered death. 11. OTHER SIGNIFICANT CONDITIONS J. Conditions contributing to the death but not related to the disease or condition consisting death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (s.g., in or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE NOT WHILE AT WORK AT WORK 22. I hereby certify that I altended the deceased from AT WORK AT WORK 22. I hereby certify that I altended the deceased from AT WORK AT WORK (Inc., p. 1954), to the courses and on the date stated above. 23e. SIGNATURE (Degree or title) 23b. ADDRESS (City, town, or county) (State) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)		THE TO HER GOOVE OF	U 12-36 (U / 86-04-51-04/		//	
tion white caused death. 11. OTHER SIGNIFICANT CONDITIONS J. Conditions contributing to the death but not related to the disease or condition counting death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Mostle) (Day) (Tear) (Hour) 21c. Injury Occurred while of the deceased from the causes and on the date stated above. 21d. Time of the deceased from the causes and on the date stated above. 21d. Time of the causes and on the date stated above. 21d. Signature 21d. Day (Tear) (Degree or title) 23d. Address of the causes and on the date stated above. 22a. Burial. Crema 24d. Date 24d. Name of Cemetery or Crematory 24d. Location (City, town, or county) (State)		the underlying cau				
19a. DATE OF OPERA 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FI		II. OTHER SIGNIF	FICANT CONDITIONS	<u>.</u>		·
19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (a.g., to or about home, farm, factory, street, office bidg., even homicide 21d. TIME (Mostle) (Day) (Year) (Host) 21e. INJURY OCCURRED OF INJURY OCCURRED AT WORK		related to the disease or condition causing death.				
SUICIDE SUICIDE SUICIDE SUICIDE SUICIDE SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hear) 21e. INJURY OCCURRED NOT WHILE NAT WORK AT WOR	19a. DATE OF OPERA-			ag 8: d	444X	
HOMICIDE 21d. TIME (Mostle) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from form 1, 1956, to 1956, that I last saw the deceased alive on close 11, 1956, and that death occurred at 1, 1956, that I last saw the deceased alive on close 11, 1956, and that death occurred at 1, 1956, that I last saw the deceased alive on close 11, 1956, and that death occurred at 1, 1956, that I last saw the deceased alive on close 11, 1956, and that death occurred at 1, 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased alive on close 1956, that I last saw the deceased from close 1956, that I last saw the deceased from close 1956, that I last saw the deceased 1956, that I last saw the deceased from close 1956, that I last saw the deceased 1956, that I last saw the decease	ZIa. ACCIDENT				TOWNSHIP) (COUNTY)	(STATE)
22. I hereby certify that I attended the deceased from form form, 1956, to fat I last saw the deceased alive on close // 1956, and that death occurred at 1256 m., from the causes and on the date stated above. 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)	SUICIDE HOMICIDE	[]	home, farm, factory, street, office bidg., etc.)			
22. I hereby certify that I attended the deceased from	21d. TIME (Month)	(Day) (Year) (211. HOW DID INJURY	OCCUR7	•
alive on class // , 1956, and that death occurred at 1.25 fm., from the causes and on the date stated above. Zie. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 6-/2-16 Zie. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)	าหมับสช		WORK NOT WHILE			<u> </u>
Z3a. SIGNATURE (Degroe or title) Z3b. ADDRESS Z3c. DATE SIGNED 6-/2-5 Z4c. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State)	22. I hereby pertify to	hat I allended t	he deceased from	1936, to Jac	the causes and on the date state	nt saw the deceased d above.
240. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State)		4		1.		23c. DATE SIGNED
Z4a. BURIAL, CREMA- Z4b. DATE	(Lu)	norla	U No	1 Holden	- CMO	16-12-50
	24. BURIAL, CREMA	- 24b. DATE	24c. NAME OF CEMETE	RY OR CREMATORY	24d. LOCATION (Oity, town, or coun	`.
burial June 14.1956 Bethel Cemetery (Jamestown, Mo. 114124)	TION, REMOVAL (Specify	3 1	1 1956 Bethel C	emetery	0 000 0 0 - 11	rural)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE	DATE REC'D BY LOCAL	. REGISTRAR'S S	SIGNATURE	1	(1/1)	9071157
June 15,1956 Mrs & V Redford E. B. CAST HOLDEN MO. 6/3/45	June 15,1956	Mrs H	Redford	<u> </u>		<u> </u>
(Licensed Embalmer's Statement on Reverse Side)						

JOHNSON COUNTY HEAD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate v	vas embalmed	i by me, or by
orking under my personal supervision.	Student	Embalmer Me	O
•	700	-	

P. O. Address Muller M

P. O. Address / VI Comply the above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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