PLACE OF DEATH a. COUNTY DETTIS b. CITY (It coulds corporate limits, write RURAL and give of the county of the c			THE DIVISION OF HE	ALTH OF MISSOUR	RI .	0500
PRIMARY REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrary No. 122. PRIMARY REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrary No. 122. PRIMARY REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrary No. 122. LOCITY Of Guided corporate limits, write RURAL and give concentration of the concentration of th	និយោ APR	1 _ 1057	STANDARD CERTIF	CATE OF DEA	TH State File No	9590
D. CITY of souths corporate limits, write RURAL and give control of the control o	BIRTH NO.	7 1991	REG. DIST. NO. 274	PRIMARY REG. DIST. P	10. <u>3052)</u> Kegistrar's No	172
ORN SEDALIA CENTRAL COLOR OF	I. PLACE OF DEA					
INSTITUTION BOTTINELL HOSPITAL NAME OF a. (First) AIBERT AIBERT AIBERT AIBERT AIBERT AIBERT BEALER BE	OR		URAL and give c. LENGTH OF STAY (to this place		IA U80 D die R	esidence within limits of y or incorporated town?
DECLES DE CALER ALBERT BEALER DEATH MAT 24, 1957 SEX O 6. COLOR OR RACE 7. MARRIED. NEVER MARRIED. 2 8. DATE OF BIRTH 9. AGE (10 years) 10 words 10 years 10 words 10 wor	HACDITAL AD			** STREET ROUT		
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DUSTRY Veloit, Ohio Sell Driller FATHER'S NAME IRROWN MAD SECRASED EVER IN U. S. ARMED FORCEST NO. NO. NO. NO. NO. NO. NO. NO	5. SEX O 6.		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify)- DIVORCED	8. date of Birth Feb 2, 1880	9. AGE (In years IF UNDE last birthday) Months	R 1 YEAR IF UNDER 24 HR Days Hours Min
MADICE SUCCESSED EVER IN U. S. ARMED FORCES? WAS DECEASED EVER IN U. S. ARMED FORCES? NO NOTE CAUSE OF DEATH tere only one-successory of the service of or (a), (b), and (c) This does not mean mode of dying, such secretically and the service of (a), (b), and (c) This does not mean mode of dying, such secretically active to the choice cause (a) stating the underlying cause last. It means the disciplifier, esthenia, it may disting DUE TO (b) LOBITE OF OPERA. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not of the death but not of related to the disease or condition counting death. ACCIDENT SIGNIFICANT CONDITIONS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not of related to the disease or condition counting death. ACCIDENT SIGNIFICANT CONDITIONS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not of related to the disease or condition counting death. ACCIDENT SIGNIFICANT CONDITIONS II. OTHER SIGNIFICANT CONDITIONS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not of the death but not of related to the disease or condition counting death. ACCIDENT SIGNIFICANT CONDITIONS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not of the death but not	done during most of worki	ng life, even if retired)		(01)	•	
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MO NONE CAUSE OF DEATH ter only one edusoper of for (a), (b), and (c) This does not mean mode of dying, such certification (in the date of the does cause (a) stating the underlying cause last. DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions continuing to the date hour mean related to the above causing death. II. DATE OF OPERA- III. OTHER SIGNIFICANT CONDITIONS Conditions contained the date of the date accusing death. III. DATE OF OPERA- III. OTHER SIGNIFICANT CONDITIONS Conditions contained the date of the date accusing death. III. DATE OF OPERA- III. OTHER SIGNIFICANT CONDITIONS Conditions contained the date of the date of undition counting death. ACCIDENT SUICIDE ACCIDENT III. OTHER SIGNIFICANT CONDITIONS Conditions contained the date of undition counting death. ACCIDENT SUICIDE ACCIDENT III. OTHER SIGNIFICANT CONDITIONS Conditions contained the date of undition counting death. ACCIDENT SUICIDE OF OPERA- III. OTHER SIGNIFICANT CONDITIONS Conditions contained the date bidg. e.e.) Phomos. Later of very death of the date bidg. e.e.) III. OTHER SIGNIFICANT CONDITIONS Conditions contained the date of condition counting death. ACCIDENT III. OTHER SIGNIFICANT CONDITIONS Conditions contained the date of contained the date of condition counting death. ACCIDENT III. OTHER SIGNIFICANT CONDITIONS Conditions contained the date of co	Unknown					
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LET ONLY ONE COUNTY) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VE PHILTS WITH UNEMARK ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying couse bast. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DATE OF OPERATION I. DATE OF OPERATION I. ACCIDENT SUICIDE I. MAJOR FINDINGS OF OPERATION I. ACCIDENT SUICIDE I. MAJOR FINDINGS OF OPERATION I. ACCIDENT SUICIDE I. MONICIDE I. TIME (Mouth) (Day) (Year) (Bour) WHILE AT MORK WORK AT WORK					Dodding 110 s	INTERVAL BETWEE
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TION ACCIDENT SUICIDE HOMICIDE I. ACCIDENT SUICIDE HOMICIDE I. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AS ISINATURE I. Hereby certify that I attended the deceased from MARCH 18951, to Company that I last saw the deceased alive on MARCH 1951, and that death occurred at 1900 Am., from the causes and on the date stated above. A. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 3/27/57 Salem Cemetery Or CREMATORY 24d. LOCATION (City, town, or county) (State of the county of the coun	"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.	Morbid condition rise to the above of the underlying con	s, if any, giving DUE TO (b) ause (a) stating use last DUE TO (c) FICANT CONDITIONS			
SUCIDE HOMICIDE I. TIME (Mouth) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE NOT WHILE AT WORK NOT WHIL	19a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF OPERATION	·	442x	20. AUTOPSY?
INJURY INJURY IN WHILE AT WORK AT WORK I hereby certify that I attended the deceased from MARCH 1957, to Securify 1957, that I last saw the deceased alive on 17 MARCH 1957, and that death occurred at 200 Am., from the causes and on the date stated above. I. SIGNATURE (Degree or title) 23b. ADDJESS I. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State of the county) 1971 Salein Cemetery California (rural), Month 1971 Salein Cemetery 1972 Salein Cemetery 1973 Salein Cemetery 1974 Salein Cemetery 1974 Salein Cemetery 1975 FIGHT DIRECTOR'S SALEMATURE ADDRESS 1974 SALEM	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR T	rownship) (County)	(STATE)
a. SIGNATHER (Degree or title) 23b. ADDRESS BURIAL, CREMA- ON, REMOVAL (Speedly) 17ial 24c. NAME OF CEMETERY OR CREMATORY California (rural), Mo. 25. FAFERAL DIRECTOR'S SIGNATURE ADDRESS	OF INJURY	•	MHILE AT NOT WHILE WORK	,	a	
BURIAL. CREMA- DN. REMOVAL (Speedty) 3/27/57 Salein Cemetery California (rural), Mo. ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FAFERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	22I hereby certify alive on	that I attended to MARCHOY	the deceased from NARCA 2, and that death occurred at	Tron in		led above.
irial 3/27/57 Salem Cemetery California (rural), Montre Record By Local Registrar's Signature 25. Figeral Director's Signature Address 3/27/57 Salem Cemetery California (rural), Montre Address 3/27/57 Stancer Address 3/27/57 Stancer Address	23a. SIGNATHE	and B	Degree or title	236. ADDRESS	lia mo.	25°. DATE SIGNE
	24a. BURIAL. CREMITION, REMOVAL (Specific Burial) DATE REC'D BY LOCA 3/27/57	13/27/57	Salem Cemete		California (rural) Mo
		1-2-40-701	(Licensed Embalmer's	Statement on Reverse Side		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose nam	ne is recorded on	the reverse side	of this certificate	was embalme
•				•
by me, or by		, Stu	dent Embalmer No),

working under my personal supervision..

Signed & Boka

Signature of Student Embalmer

Licensed Embalmer No. 2419

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.