DEPARTMENT OF PUBLIC HEALTH FEB-25-1971ssouri division of HEALTH STATE FILE NUMBER CERTIFICATE OF DEATH DO NOT WRITE Primary Registration District Na Registration District No. ON THIS STUB VS 300 DECEASED - NAME Rev. 1/70 Herbert Cellar Male 9 August UNDER I YEAR RACE WHITE, NEGRO, AMERICAN INDIAN. AGE-145 UNDER 1 DAY DATE OF BIRTH LADNIN, DAY. COUNTY OF 0269 BIRTHDAY (YEARS) YEAR ETC. E SPECIFY 1 HOURS MIN. 76 ∙White St. | S. March 7, 1894 70. Cole 10ь. CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY SIMITS 0 SPECIFY YES OR NO MARRIED, NEVER MARRIED, Jefferson City Still los pital Yes DECEASED STATE OF BIRTH LIF NOT IN U.S.A., NAME CITIZEN OF WHAT COUNTRY COUNTRY WIDOWED, DIVORCED I SPECIFY 1 .Wisconsın , USA <u> ™ Widowed</u> USUAL RESIDENCE <u> ⊓ None</u> WHERE DECEASED SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF KIND OF BUSINESS OR INDUSTRY LIVED. IF DEATH DCCURRED IN WORKING LIFE, EVEN IF RETIFED I INSTITUTION, GIVE ™ Boiler Maker Frisco Railroad "None ADMISSION. RESIDENCE -STATE INSIDE CITY LIMITS STREET AND NUMBER COUNTY CITY TOWN, OR LOCATION SPECIFY YES OF NO 👞 Missourila Moniteau 🗽 Jamestown Nd. Yes Box 232 FATHER -- NAME MOTHER-MAIDEN NAME FIRST MIDDLE LAST **PARENTS** August Daniel Cellar Mathilda Mosiman INFORMANT—NAME MAILING ADDRESS ESTREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP) m Miss Dolores Irene Harlon m Jamestown, Missouri PART I. APPROXIMATÉ INTERVAL DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)[BETWEEN ONSET AND DEATH 19. CREDITS IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDER-LYING CAUSE LAST CAUSE **AUTOPSY** IF YES WERE FINDINGS CON-SIDERED IN DETERMINING CAUSE OF DEATH PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART + 10 I YES O NOT ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY LMONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED CENTER NATURE OF INJURY IN PART I OR PART II, ITEM TO I OR UNDETERMINED (SPECIFY) handbook for instructions PLACE OF INJURY AT HOME, FARM, STREET, LOCATION (STREET OR R.F.O. NO., CITY OR TOWN, STATE) INJURY AT WORK IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. Type 140 140 PERMANENT BLACK INK (SPECIFY YES OR NO) FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20g. 20 f CERTIFICATION-AND LAST SAW HIM/HER ALIVE ON DEATH OCCURRED AT THE PLACE, ON THE BODY AFTER DEATH. YEAR MONTH DAY YEAR Type or print in PHYSICIAN: DAY DATE, AND, TO THE BEST 10 I AMENDED THE M. TO THE CAUSEIST STATED, 1216 DECEASED FROM 210 CERTIFICATION-MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE THE DECEDENT WAS PRONOUNCED DEAD HOUR OF DEATH EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSEIS! STATED. CERTIFIER CERTIFIER LINAME ITHE OR PROF DATE SIGNED IMONTH, DAY, T DECREE OF THE STREET OF ST.D. HO MAILING ADDRESS - CERTIFIER 234. CEAR ER OR CREMATORY-NAME BURIAL, CREMATION, REMOVAL CHY OF TOWN STATE 24. Removal-Burial City Cemetery California. Missouri 244. BURIAL FUNERAL HOME - NAME AND ADDRESS I STREET OR R.J.D. NO., CITY OR TOWN, STATE, ZIP F Euneral Home 211 S. Oak Calif., .1-197 ..Williams Mo.65018 DATE RECEIVED BY LOCAL REGISTRAR FUNERAL DIRECTOR-SIGNAT

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	e is recorded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Name a Washard
Signature of Student Embalmer	
	Licensed Embalmer No. 5112
	Licensed Embalmer No. 5172

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.