MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0009772

					HEALTH AND W	ELFARE 77		0 -1	1	ING "		UUJ.	
DO NOT WRITE ON THIS STUB		MENDE	D		egistration District No.	Prin	nary Registration Di	strict No. 201	Registrar's No.	127	\$1ATE	FILE NUMB	
VS 300 Rev. 4/59	QEO					Cole orporate limits, give TOWN	SHIP only)	ength of stay in 1b	a. STATE Mis	ce (Where deceases Souri			sidence before admission)
10046	AMENDED			_	OR TOWN	Jefferson Cit	tv		OR TOWN	Jeffers	on City	١ /	∕es 🚰 No 🗀
20269	DATE				HOSPITAL OR INSTITUTION	NOT in hospital, give loca 306 East Dunk		Inside`Limits Yes ♣ No □	d. STREET ADDRESS		t Dunklin	1	leside on Farm res □ No 🛱
3	2=			- 3	. NAME OF DECEASED (Type or print)			idle DATENITORE	Last	4. DATE OF DEATH	Молth	Day	Year
4]				- 5	. SEX	MRS. ELSI	E MAY 7. Married	DAVENPORT Never Married	8. DATE OF BIRTH	9. AGE (last bi	March 2		7 IF UNDER 24 HR
5 2				70	Female	White	Widowed 🛣	Divorced 🗀	9-7-1889	77	Months		Hours Min.
6	SWC				during most of working Retired Hou	ing life, even if retired)	Own	SINESS OR INDUSTR	Moniteau C	County, Me	o.	USA	AT COUNTRY
7 0	FOLLOW			13	a. FATHER'S NAME Brack Barnh	.		HER'S MAIDEN NAM			ME OF HUSBAND		
8 0	AS F	1 1 1 1 1			. WAS DECEASED EVE	18.1° U R IN U.S. ARMED FORCES? f yes, give war or dates of) 16. SOCI	aina Senno IAL SECURITY NO.	17. INFORMANT	Ster.	ling C. D. Address	avenpo	Mo.
9443x	뵕				No	NO H (Enter only one cause per		d (c)	Mrs. Fran	nk Jinks	s, Jeffe		
10	<u>ي</u> ۲		VEN.		PART I	. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a	1/2007	ticula	v Jack	em di	G.,		EVAL BETWEEN
12 (7 4 -2	HIS RECORD NSTEAD OF		DOCUMENT		Conditi	ons, if any,) DUE TO (I	AL	nio-se	levries		·	4	14
13/-0	- 		-		above stating	gave rise to cause (a), the under-cause last. DUE TO ((c) Ity	bu ken	simo				-
	Z												
	<u>လ</u>			ATION	PART I	I. OTHER SIGNIFICANT C disease condition given	ONDITIONS CONTI in PART I (8)	RIBUTING TO DEAT	H but not related to	the terminal	there		in last 90 days.
	_			ERTIFICATION	19 WAS AUTOPSY PERFORMED?	i. OTHER SIGNIFICANT Codisease condition given	in PART I (8)	litus	H but not related to WINJURY OCCURRED.	,	there Yes	a pregnancy	in last 90 days.
Z	AMENDMENTS O			EDICAL CERTIFICATION	19. WAS AUTOPSY	disease condition given	in PART I (8) DE HOMICIDE	litus		,	there Yes	a pregnancy	in last 90 days.
C INK RIBBON	AMENDMENTS				19. WAS AUTOPSY PERFORMED? YES \(\) NO STATE OF HOUSE INJURY a.m.	disease condition given 20a. ACCIDENT SUICID Month, Day, Year EED 20a. PLACE form,	in PART I (5)	20b. DESCRIBE HOV		(Enter nature of	there Yes	a pregnancy No PART II of	in last 90 days. ☐ Unknown
C INK RIBBON	AMENDMENTS READ			₹	19. WAS AUTOPSY PERFORMED? YES NO. 20c. TIME OF HOU INJURY a.m. p.m. 20d. INJURY OCCURR WHILE AT WOR	disease condition given 20a. ACCIDENT SUICID Month, Day, Year KD WORK 20e. PLACE farm, 1	in PART I (5) A JUSE HOMICIDE OF INJURY (e.g., i	20b. DESCRIBE HOW	W INJURY OCCURRED.	(Enter nature of LOCATION	there	PART II of	In last 90 days. Unknown item 18.) STATE
C INK RIBBON	AMENDMENTS		/IT OF	₹	19. WAS AUTOPSY PERFORMED? YES NO 1 20c. TIME OF House, more with the service of the service	disease condition given 20a. ACCIDENT SUICID Month, Day, Year K	OF INJURY (e.g., in factory, street, office	20b. DESCRIBE HOW	W INJURY OCCURRED. 20f. CITY, TOWN, OR Control of the control of	(Enter nature of LOCATION LOCATION last saw her alive alive of the best of LOCATION	COUNT The on 24 M The on 24 M	PART II of	In last 90 days. Unknown item 18.) STATE
BLACK INK OR RITER RIBBON	AMENDMENTS READ		AFFIDAVIT OF	WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO 10 20c. TIME OF HOU a.m. p.m. 20d. INJURY OCCURR WHILE AT WORN NOT WHILE AT 21. 1 attended the de Death occurred at 22a. SIGNATURE	Month, Day, Year WORK 20a, ACCIDENT SUICID Month, Day, Year EED WORK Company (Dec	E OF INJURY (e.g., in factory, street, office	20b. DESCRIBE HOW	W INJURY OCCURRED. 20f. CITY, TOWN, OR 20f. ADDRESS MATOR	LOCATION Location Location Location Location (Californ	there	PART II of y momentum the cause ity)	Unknown item 18.) STATE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	_ signed Barbara J. Buescher
Signature of Student Embanner	Licensed Embalmer No. 5285
•	P. O. Address Jufferson City, Mo.

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.