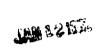
H- 100	THE DIVISION OF HEALTH OF MISSOURI									
No.300	FILED DEC 26	1951	STANDA	RD CERTIF	ICATE OF DE	•	State File N	、4に む	34	
	BIRTH NO		REG. DIST. NO	PRIMARY REG. DIST. NO. 3045 Registrar's No. 8						
881	a. COUNTY	ATH Mo	uiteau		a. STATE	DENCE (When	b. COUNTY		admission).	
1/5	b. CITY (If outside or OR TOWN Ca	OR STAY (In this start)				C. CITY (If outside corporate limits, write BURAL and give township) OR TOWN				
CORD,	d. FULL NAME OF HOSPITAL OR INSTITUTION	d. FULL NAME OF (II of in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HOSPITAL OR INSTITUTION				d. STREET (Thoras), give location) ADDRESS				
22	3. NAME OF DECEASED	a. (First)		Middle)	c. (Last)	.//	DATE (Mont	th) (Day)	(Year)	
PERMANENT	5, SEX 6.	COLOR, OR JACE	E 7. MARRIED NEVI WIDOWED DIV	ER MARRIED.	8. DATE OF BIRTH	9.	AGE (In years) IF II	U /S	1951 Koer 21 Kee.	
MAN		ON (Give kind of work	105, KIND OF BU	USINESS OR IN-	Sept. 9-	1876	75 3	Days Hou		
PER	done during work of worki	inglife, even if retired)	0	DUSTRY	Monite	au C	<u></u>	12. CITIZEN COUNTRY	iof what	
. ⊲	13a. FATHER'S NAME	riles	Sar	THER'S MAIDEN	NAME Spear	alie	F HUSBAND OR	WIEE Parl		
MAKE	15. WAS DECEASED EVE (Yes, by, or unknown) (II	R IN U.S. ARMED	FORCES? 16. SOC	CIAL SECURITY NO.	17. INFORMANT	'S SIGNATU	IRE OR NAME	. ADI	RESS	
INK	18. CAUSE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH									
14	321,									
BLACK	*This does not mean the mode of dying, such as heart failure, asthenia,	the mode of dring, such Morbid conditions, if any, giving DUE TO (b)								
ll ll	etc. It means the dis- ease, injury, or compilea- tion which caused death.		DUE_	TO (c)			·			
, VIII	tion watch caused death.		IFICANT CONDITIONS ibuting to the death but : tase or condition causing	ICANT CONDITIONS uting to the death but not te or condition causing death.						
UNFADING	19a. DATE OF OPERA- TION	19b. MAJOR FIN	NDINGS OF OPERATIO	, MC		4	201	20. AUTOF	SY?	
-USING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJUR's home, farm, factory, street	Y (e.g., in or about at, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	(СОИМТУ)	<u> </u>		
	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e, INJUR m. WHILE AT WORK	RY OCCURRED NOT WHILE	21f. HOW DID INJURY	Y OCCUR?				
PLAINLY	22. I hereby certify that I attended the deceased from 2, 1949, to Dec 15, 1951, that I last saw the deceased alive on Dec 15, 1957, and that death occurred at 932mm., from the causes and on the date stated above.									
- 11	23a. SIGNATURE	n Lati	7	Degree or title)	23b. ADDRESS	nia,	mo	23c. DATE		
WRITE	24a. BURIAL CREMA- TION REMOVAL (Byods)		. 1	_	Y OR CREMATORY	24d. LOCATION	(Oity, town, or o	ounty) (State)	
	DATE REC'D BY LOCAL 12-16-67 REG.			R 202	25. FUNERAL DIRECT	E 9	ATURE	ADDRES	no	
4			d (Licene	ad Embelmas's C	eternant on Different Ci-	40	~			

PECEIVEDEC 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed DEC 26 1951







I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by......

working under my personal supervision.

Licensed Embalmer No. 35 3%

t Embalmer

California, m

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.