MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

265-035475

OEP	ART	MEN	то	FPU	BLIC	HEALTH AND WE	IL FARE		100	_		STATE FILE NU	JABER
DO NOT WRITE ON THIS STUB		AM	ENDE	D (ŧĸ	egisfration District No ED 8CT 14		nary Registration Di	istrict No. 200	Registrar's N	· 5211		
-					1	. PLACE OF DEATH					ENCE (Where deceased		
VS 300		5	Ш			e. CONNTY	lackson			a. STATE Mi	ssouri ^{b. COUNT}	^Y Moniteau	admission)
Rev. 4/59	5	9	ΙI		1 —	b. CITY (If outside cor	rporate limits, give TOWNS	SHIP only) L	ength of stay in 1b	c. CITY		<u> </u>	Inside Limits
_	AAGNIDED	N N	Ш			TOWN Kans	as City	j	2 days	OR TOWN	California		Yes 🙀 No 🗆
1					-	c. FULL NAME OF (IF I	NOT in hospital, give locat	tion)	Inside Limits	d. STREET	(If cutsi	de, give location)	Reside on Farm
20 681		DAIR				INSTITUTION R	leserch Hospit	al	Yes 🙀 No 🗆	ADDRESS			Yes 🗆 No 📆
3	2			_	-3	. NAME OF DECEASED	First	Mic	dle	Lest	4. DATE	Month Day	Year
			ļ	-		(Type or print)	Birdie	A	ni da		OF DEATH Onto		
4 /					I —			Ann			OCTO	ber 3, 1965	I IF UNDER 24 HR
	1		Ιİ		5	. SEX	6. COLOR OR RACE	7. Married 🛘 Widowed 🙀	Never Married ☐ Divorced ☐	8. DATE OF BIRT	. ,	Months Days	Hours Min.
⁵ .2		ľ			l	Female	Caucasian			3-9-187			<u> </u>
	1		ΙI		10	 USUAL OCCUPATION during most of working 	(Give kind of work done	10b. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLACE	(City and state or coun	try) 12. CITIZEN OF	WHAT COUNTRY
·]≱∐	İ	ΙI			Housewife				Californ	nia. Missour	u.s	-A-
7 0	일	1	Н		13	a. FATHER'S NAME		13b. MOT	HER'S MAIDEN NAM	<u>e</u>	14. NAME	OF HUSBAND OR WIFE	
		ļ	Н				ey Hutchinson		ria Hill		John	B. Dickson	
<u> </u>	S						IN U.S. ARMED FORCES? yes, give war or dates of s		IAL SECURITY NO.	17. INFORMANT		Address	
332X	삝					no		, i	none	Harold D	ickson-Calif		
10	₹			ENT		18. CAUSE OF DEATH PART I.	(Enter only one cause per DEATH WAS CAUSED BY:	line for (a), (b), an	d (c).	/	_	·	TERVAL BETWEEN NSET AND DEATH
	ا جا	.	11										
	ᄓᆇᆝᅎ	5	1 1	Įξ			IMMEDIATE CAUSE (a)	Ceru	bral v	accul	ar acci	dent	484R.
11		֡֝֞֝֞֞֓֞֝֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֡֓֓֡֡֡֓֓֓֡֓֡֡֡֡֡֡֞֡֓֡֡֡֡֡֡		COM			IMMEDIATE CAUSE (a)	(THI	Bon Bor	oscul	· Carotid	aty) -	<u>484R</u> .
11 /4 0	RECORD FEAD OF	EAD O		DOCUM		Condition	ns, if any,) DUE TO (b	THI	ROM Bos	oscul s Jut	· Carotid	uty)	484R.
12 64-0	S 1	NSIEAD OF		DOCUM		which ga above c	ins, if any, ave rise to cause (a),	THI	ROMBON C	oscul s Jut terosi	· Carotid	uty) 10	484R.
11 12 64-0 13	THIS R	INSIEAD O		I DOCUM		which ga above c stating ti	ns, if any, DUE TO (b	THI" AND	ROMBON C	oscul s Jut levoi	-Caroted	uty)	484R.
12 64-0	S 1	INSIEAD O		MUDOG	NO	which ga above c stating ti lying ca	ns, if any, ave rise to cause (a), the under-ause last. DUE TO (c	THE AME	ROM BOS	of Cul	to the terminal PA	aty)	484R.
12 64-0	ON THIS R	insiead of		DOCUM	CATION	which ga above c stating ti lying ca	ns, if any, ave rise to cause (a), the under-ause last. DUE TO (c	THE AME	ROM BOS	Offile Just Levai H but not related	to the terminal PA		ncy in last 90 days.
12 64-0	ON THIS R	INSIEAD OF		POCUM	TIFICATION	which go above stating the lying co PART II.	ns, if any, ave rise to cause (a), the under-ause last. DUE TO (control of the control of the under-ause last.	ONDITIONS CONT		7	to the terminal PA	there a pregna	ncy in last 90 days.
12 64-0	ON THIS R	O DANIERO		DOCUM	CERTIFICATION	which go above stating the lying co PART II.	ns, if any, ave rise to cause (a), the under-ause last. DUE TO (c	ONDITIONS CONT		7		there a pregna	ncy in last 90 days.
12 <u>64-0</u> 13	ON THIS R	D D D D D D D D D D D D D D D D D D D		DOCUM	- 1	which gas above containing it lying containing it lying containing it lying containing the part of the	ns, if eny, ave rise to cause (a), the under-ause lest. DUE TO (c disease condition given in the under-ause lest.	ONDITIONS CONT. TO PART 1 (a) E HOMICIDE		7		there a pregna	ncy in last 90 days.
12 <u>64-0</u> 13	THIS R	D THE STATE OF THE		DOCOM	PRICAL CERTIFICATION	which gas above containing the stating the	ns, if eny, ave rise to cause (a), the under-ause last. DUE TO (c disease condition given in the under-ause last.	ONDITIONS CONT. TO PART 1 (a) E HOMICIDE		7		there a pregna	ncy in last 90 days.
12 <u>64-0</u> 13	ON THIS R	DONESIGNE		DOCUM	- 1	Which gas above c stating fillying ca PART II. 19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION NO	ns, if eny, ave rise to cause (a), the under-ause lest. DUE TO (c disease condition given in the under-ause lest. DUE TO (c disease condition given in the under-ause lest. DUE TO (c disease condition given in the under-ause lest. DUE TO (c disease condition given in the under-ause lest. Due TO (c disease condition given in the under-ause).	ONDITIONS CONT. TO PART 1 (a) E HOMICIDE OF INJURY (e.g., i	20b. DESCRIBE HO	7 W INJURY OCCURRI	ED. (Enter nature of injul	there a pregna	ncy in last 90 days.
12 /4-0 13 NR NBBON	AMENDMENTS ON THIS R			WOOD	- 1	Which gas above c stating fillying ca PART II. 19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION OF HOUR INJURY a.m.	ns, if eny, ave rise to cause (a), the under-ause lest. DUE TO (c disease condition given in the under-ause lest. DUE TO (c disease condition given in the under-ause lest. DUE TO (c disease condition given in the under-ause lest. DUE TO (c disease condition given in the under-ause lest. Due TO (c disease condition given in the under-ause).	ONDITIONS CONT. TO PART 1 (a) HOMICIDE	20b. DESCRIBE HO	7 W INJURY OCCURRI	ED. (Enter nature of injul	there a pregna	ncy in lest 90 days. No Unknown of item 18.)
12 /4-0 13 NR NBBON	AMENDMENTS ON THIS R			DOCOM	rownical.	Which gas above c stating filying ca PART II. 19. WAS AUTOPSY PERFORMED? YES NO DO	DUE TO (base rise to cause (a), the under-ause lest. OTHER SIGNIFICANT CO disease condition given in the under-ause lest. 20s. ACCIDENT SUICIDE Month, Day, Year DUE TO (condition given in the under-ause lest) Additional condition given in the under-ause lest.	ONDITIONS CONT. TO PART 1 (a) E HOMICIDE OF INJURY (e.g., i	20b. DESCRIBE HO	W INJURY OCCURRI	ED. (Enter nature of Injur	there a pregna	ncy in lest 90 days. No Unknown of item 18.)
12 /4-0 13 NR NBBON	AMENDMENTS ON THIS R	SEAU SINOI		DOCUM	Browgical	Which gas above containing the stating of lying case. PART II. 19. WAS AUTOPSY PERFORMED? YES NOT HOUR HOUR AIM NOT WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WO	DUE TO (be reased from DUE TO (coased from DUE	OF INJURY (e.g., i actory, street, office	20b. DESCRIBE HO	W INJURY OCCURRI	ED. (Enter nature of Injur	there a pregna	ncy in lest 90 days. No Unknown of item 18.) STATE
12 /4-0 13 NR NBBON	AMENDMENTS ON THIS R	SEAU SINOI		DOCUM	m R. Brownical	IP. WAS AUTOPSY PERFORMED? YES NO DINJURY A.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WORK NOT WORK NOT WHILE AT WORK NOT WO	DUE TO (be reased from the under the	ONDITIONS CONT. PART 1 (a) HOMICIDE OF INJURY (e.g., in actory, street, office	20b. DESCRIBE HO	W INJURY OCCURRI	DR LOCATION	there a pregna	ncy in last 90 days. No Unknown of item 18.) STATE
12 /4-0 13 NR NBBON	AMENDMENTS ON THIS R	SEAU SINOI		OF DOCUM	m R. Brownical	Which gas above containing the stating of lying case. PART II. 19. WAS AUTOPSY PERFORMED? YES NOT HOUR HOUR AIM NOT WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WO	DUE TO (be reased from the under the	OF INJURY (e.g., i actory, street, office	20b. DESCRIBE HO	W INJURY OCCURRI	DR LOCATION The property of the property of the period of the best of my	there a pregna	ncy in lest 90 days. No Unknown of item 18.) STATE
BLACK INK OR OR RITER RIBBON	AMENDMENTS ON THIS R	SEAU SINOI		OF DOCUM	William R. Browspical	Which go above containing the lying case part in the lying case part	DUE TO (be reased from 100 pt	OF INJURY (e.g., i actory, street, officer or title)	20b. DESCRIBE HO	w INJURY OCCURRI	DR LOCATION The property of the property of the period of the best of my	COUNTY COUNTY knowledge, from the c	ncy in last 90 days. No Unknown of item 18.) STATE
12 /4-0 13 NR NBBON	AMENDMENTS ON THIS R	באיין		OF DOCUM	William R. Browspical	which gas above containing the stating of lying care part II. 19. WAS AUTOPSY PERFORMED? YES NO COUNTY S.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WHILE AT WORK NOT WHILE AT WHILE AT WHIT WHILE AT WORK NOT WHILE A	ms, if any, ave rise to cause (a), the under-ause last. OTHER SIGNIFICANT CO disease condition given is 20e. ACCIDENT SUICIDE Month, Day, Year 20e. ACCIDENT SUICIDE farm, for caused from 1006	ONDITIONS CONT IN PART 1 (a) OF INJURY (e.g., i actory, street, office or title)	in or about home, e bldg., etc.) , to 3 oc 1 The major the free free free free free free free fr	W INJURY OCCURRENCE ROF. CITY, TOWN, Company e date stated above. 22b, ADDRESS Printing MATORY	DR LOCATION Indicate saw her slive of and to the best of my 23d. LOCATION (City,	COUNTY COUNTY knowledge, from the county)	ncy in last 90 days. No Unknown of item 18.) STATE STATE 22c. DATE SIGNED 4 OCT 6 J (State)
12 /4-0 13 NR NBBON	AMENDMENTS ON THIS R	NO. SHOOLD KEND		OF DOCUM	Milliam R. Browmical	which gas above containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating containing containing the stating containing	DUE TO (be reased from 100%) DUE TO (couse (a), the under-ause lest. DUE TO	ONDITIONS CONT. ONDITIONS CONT. PART 1 (e) E HOMICIDE OF INJURY (e.g., i actory, street, office To actory, street, office To actory actory actory actory actory actory actory actory actory.	20b. DESCRIBE HO	W INJURY OCCURRENCE ROF. CITY, TOWN, Company e date stated above. 22b, ADDRESS Printing MATORY	DR LOCATION and last saw her him blive or, and to the best of my Californ	COUNTY COUNTY COUNTY County	ncy in last 90 days. No Unknown of item 18.) STATE STATE 22c. DATE SIGNED 4 OCT 6 J (State)
12 /4-0 13 NR NR NR NR NR NR NR NR NR NR NR NR NR	AMENDMENTS ON THIS R	EM NO. SHOOLD KEAD		DOCUM	William R. Browspical	Which go above containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating of lying containing the stating containing the stating of lying containing the stating containing containing the stating containing the stating containing containing containing the stating containing containi	DUE TO (be reased from 100%) DUE TO (couse (a), the under-ause lest. DUE TO	ONDITIONS CONT IN PART 1 (a) E HOMICIDE OF INJURY (e.g., a actory, street, office To get a continuous conti	20b. DESCRIBE HOTE in or about home, e bldg., etc.) , to 3 oc	W INJURY OCCURRENCE ROF. CITY, TOWN, Company e date stated above 22b ADDRESS MATORY TY	DR LOCATION and last saw her him blive or, and to the best of my Californ	COUNTY COUNTY COUNTY County	ncy in last 90 days. No Unknown of item 18.) STATE STATE 22c. DATE SIGNED 4 OCT 6 J (State)

(Licensed Embalmer's Statement on Reverse Side)

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.	
Student	Signed Layrue Sunth
Signature of Student Embalmer	
•	Licensed Embalmer No. 508/
	P. O. Address Ludep "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.