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		STANDARD (CERTIFICA.	TE OF DEA	TH ,	State File No	19910
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BIRTH NO		_ REG. DIST. NO	PRIMA	Y REG. DIST.	MO. 501 6	Registrar's No.	100
	TH	···			NCE Where deep		rtitution: residence befor
a. cook: Y	3/4	•	a. 5	Mes	vein	COUNTY	12 (20)
b. CITY (If outside co	rpurate limits, write H	URAL and give C. LEN	GTH OF c. C	ITY (If Sutside corp	orate limity, write RUE	AL and give tow	nahip)
· TOWN D.	enser Old	township) SIAY (D this place)	UK 🖍	1 711	/	•
d. FULL MANE OF	If not in hospital or i	titution, give street address of	r location d. S	TREET	(II model entre lectrica	arces	<u> </u>
HOSPITAL ØR INSTITUTION	1.1.8	Cital	AI	DDRESS /	C #4	or Bot	
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DECEASED	D (1111)) b. (middle	,	c. (Dast)	↓ OF ₱	(Month)	(Day) (Year)
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5. SEX 6.	COLOR OR RACE	7. MARRIED, NEVER MA WIDOWED, DIVORCED	RRIED, 8. DA (Specify) 8. DA	TE 97 BIRTH	9. AGE ()	in years IF DEER	1 YEAR F UNDER 21 HES. Days Hours Min.
1/10/2012	UNIT'L	never mark	eal) Ju	14,18	74 0	79 11	/2
10a. USUAL OCCUPATIO	N (Give kind of work		OR IN 11. BY	THPLACE (844 c	r foreign country)	7	12. CITIZEN OF WHAT
		Fringe	. W	در درسد در در	i		OF COUNTRY?
13a. FATHER'S NAME			MAIDEN NAME		14. NAME OF HUS	BAND OR WIF	f Court
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IS. WAS DECEASED EVE	R IN U.S. ARMOD I	FORCES? 15 SOCIAL S	ECURITY 17. LA	FORMANT'S	SICHATURE O	O NAME	ADDOCAG
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	I. DISEASE OR CO	ONDITION -	oral certification	A	4		INTERVAL BETWEEN ONSET AND DEATH
line for (a), (b), and (c)	DIRECTLY LEAD	ING TO DEATH*(a)	year	lary	parely	000	Trans
• 77% - data and	ANTECEDENT CA	AUSES		. //	111		1
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as heart failure, asthenia,	rise to the above of	iuse (a) stating .	· -	- 1a	*	0. 1.	
	siec misdereysiey can	DUE TO (c)	Tracky	alog Co	the said	gua	of malana
tion which caused death.	II. OTHER SIGNIE	ICANT CONDITIONS	100	-	out out	- CARRA	To Some
	Conditions contributing to the death but not						
19a DATE OF OPERA			<u> </u>				20. AUTOPSY7
TION	130. BIADON FIRE	JINGS OF OFERATION			82	<i>(</i>	1 — —
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SUICIDE A				ITY, TOWN, OR T	OWNSHIP)	(COUNTY)	(STATE)
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TOTAL COEMA	<u>uo /////</u>	en ture	THE PLANTS	uni	the for	<u>~</u>	6/K//02
		Z4C. NAME OF	CEMETERY OR CI	REMAIORY 2	id. LOCATION (UII)	town, or coun	(State)
Suice: (1)	Junes	7 suemin	0007-00-	un (enul	ourn	MO
DATE REC'D BY LOCAL REG.	RECHSTRAR'S S	SNATURE OUTS	100 S. FU	NERAL DIRECT	DR S SIGNATURE	A	DRESS
Jedy 1-1952	CACA.	Jarrella.	-nx. /s	Aser	ucou 1	russell	well Ma
		(Licensed Em	balmer's Statement	on Reverse Side)			
	1. PLACE OF DEA a. COUNTY D. CITY (If outside so OR OR TOWN) d. FULL JANK OF HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or Print) 5. SEX 6. 10a. USUAL OCCUPATION dope during most of working the most of working most of working the first one of the most of working the most of the most of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUNCIDE HOMICIDE ACCIDENT SUNCIDE 1NJURY 2. I. hereby certify alive on care of the mode of the mode of the mode of the discase, injury, or complication which caused death. 21a. ACCIDENT SUNCIDE ACCIDENT SUNCIDE ACCIDENT SUNCIDE ACCIDENT SUNCIDE ACCIDENT SUNCIDE 21d. TIME (Month) OF INJURY 2. I. hereby certify alive on Care Suncident	BIRTH NO. 1. PLACE OF DEATH a. COUNTY D. CITY (If outside corpurate limits, write BOR TOWN) d. FULL DANY OF (If not in hospital or in HOSPITAL OR INSTITUTION) 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE 10a. USUAL OCCUPATION (Give kind of work dope during most of working life, even if retired) 13a. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMOD (Yes. no., or unknown) 18. CAUSE OF DEATH Enter only one causapper line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 19b. MAJOR FINE (Specify) 21a. ACCIDENT (Specify) 19b. MAJOR FINE (Specify) 21d. TIME (Month) (Day) (Year) (Corpurate of the discase) 21d. Time (Month) (Day) (Year) (Corpurate of the discase) 21d. Time (Month) (Day) (Year) (Corpurate of the discase) 21d. Time (Month) (Day) (Year) (Corpurate of the discase) 21d. Time (Month) (Day) (Year) (Corpurate of the discase) 21d. Time (Month) (Day) (Year) (Corpurate of the discase) 22d. SIGNATURE	STANDARD (BIRTH NO	STANDARD CERTIFICA SIRTH NO. REG. DIST. NO. PRIMAR PRIMAR REG. DIST. NO. PRIMAR L. PLACE OF DEATH a. COUNTY D. CITY (If outside corporate limits, write RURAL and give township) TOWN D. CITY (If outside corporate limits, write RURAL and give township) TOWN D. CITY (If outside corporate limits, write RURAL and give township) TOWN D. CITY (If outside corporate limits, write RURAL and give township) TOWN D. CITY (If outside corporate limits, write RURAL and give township) D. CITY (If to the place of the formship) TOWN D. CITY (If outside corporate limits, write RURAL and give to county limits) J. CAUSE OF DEATH Enter only one counspier Illine for (a), (b), and (c) "This does not mean the mode of dying, such as heart fallure, anthenia, de. If means the discussion which caused death. ANTECEDENT CAUSES MODITION DIRECTLY LEADING TO DEATH*(a) MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH*(a) MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH*(a) MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH*(a) PRIMAR MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH*(a) DUE TO (b) Committees to the above cause (a) stating the death but not rate to the above cause (a) stating the death but not related to the disease or complication outsing death. POWNING TO THE COMMITTE CONDITION DIRECTLY LEADING OF OPERATION DUE TO (c) Town Windle Committees the disease or complication outsing death. TOWN 21a. ACCIDENT (Specify) L. DATE OF OPERATION TOWN DISTANCE TOWN 19a. DATE OF OPERATION TOWN 19b. MAJOR FINDINGS OF OPERATION DIRECTLY LEADING OF OPERATION TOWN 21c. Third Windle Committees the deceased from the windle Committees the deceased from the death but not windle caused the disease or complication outsing death. 21c. (Committees the deceased from the death but not windle caused the disease or complication outsing death. 21c. Third Windle Committees the deceased from the death but not windle caused the deceased from the death but not windle caused the deceased from the death but not windle	STANDARD CERTIFICATE OF DEA BIRTH NO. PRIMARY REG. DIST. NO. PRIMARY REG. DIST. I. PLACE OF DEATH a. COUNTY D. CITY (II outable corporate limits, write RURAL and give township) G. FULL SAMP OF (II not in hospital or infliction, givy street address or footing township	SIANDARD CERTIFICATE OF DEATH SIETH MO. REG. DIST. MO. PRIMARY REG. DIST. M	STANDARD CERTIFICATE OF DEATH SIRTH NO. SIRT NO. SIRTH NO. SIRTH NO. SIRTH NO. SIRTH NO. SIRTH NO. SIR

TATEMENT RY LICENSED EMBALMED

·-·· STATEM	IENT BY LICENSED EMBALMER
I hereby certify that the body whose name is recorde	ed on the reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	·
	Signed Helmburt
Student Student Embalmer	Signed

P. O. Address P.

Licensed Embalmer No.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.