FILED MAR 10	1059	THE	ID A DD OFRT	TO ATE OF DE				
	1332		00	IFICATE OF D		_	File No	442
BIRTH NO.		REG. DI	87. NO. 82	PRIMARY REG. DIS			rar's No	
I. PLACE OF DEA	ATH		·-	2. USUAL. RES	IDENCE (N	There decessed Uv	ed. If institu	tion: residence
C	<u>ooper</u>				souri	b. COU	vir Monite	**************************************
b. CITY (If outside so OR	prograte limits, write	RURAL and gi	ve c. LENGTH C	OF c. CITY (If outside	corporate limits	write RURAL an	d give township	)
TOWN: TO	ville. M	10	19 Day		Ruralo	a. Me Ri	Walke	re Two
d. FULL NAME OF (	If not in hospital or	r institution, giv	e street address or location	d. STREET ADDRESS		give location)		Dist
HOSPITAL OR INSTITUTION	FOOS 60	AYa/C	seent /-	Ce	enterto	own. Mo	Rt #	000
3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)	, -	4. DATE	Moonth) (	Day) (Ye
(Type or Print)	Eller	1	•	Baushause	en l	OF /기술 DEATH 국	<b>1</b> 752	, ,
5, SEX 6.	COLOR OR RACE		ED, NEVER MARRIED,	8. DATE OF BIRTH		9. AGE (In year		
Female'	White		ED, DIVORCED (Speats	June 24	1868	83	Months D	Hours
10a. USUAL OCCUPATIO	ON (Give kind of worl	k 10b. KIND	OF BUSINESS OR I	- II. BIRTHPLACE (86			12	CITIZENOF
done during most of working House Wil	ag 1110, even if retired) Î e	10	vn Home	Missour			U.S.	CITIZEN OF COUNTRY?
3a. FATHER'S NAME			b. MOTHER'S MAID			E OF HUSBAND		A .
Joshaway	Sartin		UnKno				were	
5. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? I 1	16. SOCIAL SECURIT	17. INFORMANT	L'S SIGNA	TURE OR NA	ME	ADDRE
(Yes, no, or unknown) (If	yee, give war or date	se of service)	NO.			TURE OR NA		
18. CAUSE OF DEATH			None	CERTIFICATION	u u	nurlo	con-	mo
Enter only one cause per 1	I. DISEASE OR (	CONDITION	I TO THE PARTY OF THE	CED LIFTCATION		_	, ,	NTERVAL BET
		CONDITION		o Ko zo Di	0 10	- a li		onset and de
	I, DISEASE OR ( DIRECTLY LEAD	DING TO DEAT	TH*(a)	eral N	enuo	whoge		2 mg
line for (a), (b), and (c)	ANTECEDENT C	CAUSES		enal M	emo	who ;		2 m
This does not mean the mode of dying, such	ANTECEDENT C	CAUSES		eval Mi hy/cer Fes	now	whog.		2 M
This does not mean the mode of dying, such as heart failure, arthenia,	ANTECEDENT C	CAUSES		eral Mi hy/certes	enus	uhoy.		2 ma
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	ANTECEDENT ( Morbid condition rise to the above the underlying co	CAUSES  ns, if any, givicause (a) stationause last.	ng DUE TO (b)	erral M hy/cer Fes	enus Vocas	nhog.	- ,	2 ma
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	ANTECEDENT ( Morbid condition rise to the above the underlying co	CAUSES  The, if any, girli cause (a) stati- ause last.  IFFICANT CON	DUE TO (b)  DUE TO (c)  DITIONS	hy/cer Fes	enus vocas	nhog	-   _   _   _   _   _   _   _   _   _	2 mg
line for (a), (b), and (c)	ANTECEDENT ( Morbid condition rise to the above the underlying co	CAUSES  The, if any, girli cause (a) stati- ause last.  IFFICANT CON	DUE TO (b)  DUE TO (c)  DITIONS	eral Mi hy/cer Fes	enus Loras	nhag		2 M
"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.	ANTECEDENT ( Morbid condition rise to the above the underlying co	CAUSES  ns, if any, giving the course (a) stational ause last.  IFFICANT CON ibuting to the decase or condition	ng DUE TO (b)  DUE TO (c)  DITIONS eath but not a cousing death.	eral Mi hy/certes	enus Loros	nhag		2 Mul
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.	ANTECEDENT C Morbid condition rise to the above the underlying co  II. OTHER SIGN! Conditions contri related to the dise	CAUSES  ns, if any, giving the course (a) stational ause last.  IFFICANT CON ibuting to the decase or condition	ng DUE TO (b)  DUE TO (c)  DITIONS eath but not a cousing death.	y certes	enus Lors	331)		
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the dis- ease, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION	ANTECEDENT C Morbid condition rise to the above the underlying co  II. OTHER SIGN! Conditions contri related to the dise	CAUSES  ns, if any, givicated (a) statically	DUE TO (b)  DUE TO (c)  DITIONS eath but not a causing death.  PERATION  FINJURY (e.g., in or abor	eval Mary Certes	R TOWNSHIP)	331>		D. AUTOPSY
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the dis- ease, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION	ANTECEDENT C Morbid condition rise to the above the underlying co the underlying co the conditions contri related to the dise 19b. MAJOR FIN	CAUSES  ns, if any, givicated (a) statically	DUE TO (b)  DUE TO (c)  DITIONS eath but not a causing death.  DERATION	eval Ma hy/certes	R TOWNSHIP)			D. AUTOPSY7
line for (a), (b), and (c)  *This does not mean the mode of dring, such as heart failure, arthenia, atc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month)	ANTECEDENT ( Morbid condition rise to the above the underlying co  II. OTHER SIGN! Conditions contri- related to the dise  19b. MAJOR FIN  (Specify)	CAUSES  ms, if any, givicate (a) staticate (a) staticate (ast.)  IFFICANT CON  ibuting to the decase or condition  NDINGS OF OR  21b. PLACE OR  home, farm, fac	DUE TO (b)  DUE TO (c)  DITIONS eath but not a causing death.  PERATION  FINJURY (e.g., in or abor	) _				D. AUTOPSY7
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, arthenia, etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE	ANTECEDENT ( Morbid condition rise to the above the underlying co  II. OTHER SIGN! Conditions contri- related to the dise  19b. MAJOR FIN  (Specify)	CAUSES  ns, if any, giol cause (a) stati ause last.  IFFICANT CON ibuting to the d case or condition NDINGS OF O  21b. PLACEO home, farm, fac (Hour) 21e WH	DUE TO (b)  DUE TO (c)  DITIONS eath but not a cousing death.  PERATION  FINJURY (e.g., in or aboutory, street, office bidg., see	)				D. AUTOPSY7
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY	ANTECEDENT ( Morbid condition rise to the above the underlying co the underlying co the conditions contri related to the dise (Specity) (Day) (Year)	CAUSES  ms, if any, givicated (a) staticated (b) staticated (c) st	DUE TO (b)  DUE TO (c)  DITIONS eath but not a cousing death.  PERATION  FINJURY (e.g., in or about tory, street, office bldg, ese  INJURY OCCURRED  LEAT NOT WHILE  AT WORK	21f. HOW DID INJUR	RY OCCURT	(cor	( 2	D. AUTOPSYA  YES NO. (STATE)
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify to	ANTECEDENT C Morbid condition rise to the above the underlying co the underlying co the underlying continue Conditions contri related to the dise 19b. MAJOR FIN  (Specify)  (Day) (Year)  hat I allepded	CAUSES  ms, if any, givicated and electric contents and electric contents to the decase or condition NDINGS OF OR CHOURS (Hour)  21b. PLACEO Dome, farm, faction m. WHING WHING CHOUR)  21b. PLACEO WHING CHOURS WHING CHOURS WHING CHOOLED WHING CHOOLED CHORD WHING CHOOLED CONTENTS AND CHORD	DUE TO (b)  DUE TO (c)  DITIONS eath but not a causing death.  PERATION  FINJURY (e.g., in or about there, street, office bldg., ese  INJURY OCCURRED  ILEAT NOT WHILE ORK AT WORK	21r. HOW DID INJUR	RY OCCURT	(COU	NTY)	O. AUTOPSYTYEE NO. (STATE)
line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify to	ANTECEDENT C Morbid condition rise to the above the underlying co the underlying co the underlying continue Conditions contri related to the dise 19b. MAJOR FIN  (Specify)  (Day) (Year)  hat I allepded	CAUSES  ms, if any, givicated and electric contents and electric contents to the decase or condition NDINGS OF OR CHOURS (Hour)  21b. PLACEO Dome, farm, faction m. WHING WHING CHOUR)  21b. PLACEO WHING CHOURS WHING CHOURS WHING CHOOLED WHING CHOOLED CHORD WHING CHOOLED CONTENTS AND CHORD	DUE TO (b)  DUE TO (c)  DITIONS  and the state of the sta	211. HOW DID INJUR 215, 19 , to 2 2	RY OCCURT	(cor	NTY)	O. AUTOPSYTYEE NO. (STATE)
Iline for (a), (b), and (c)  This does not mean the mode of dying, such us heart failure, asthemia, etc. It means the dis- case, injury, or complica- tion which caused death.  Ilia. ACCIDENT SUICIDE HOMICIDE III. (Month) OF INJURY  2. I hereby certify to alive on	ANTECEDENT ( Morbid condition rise to the above the underlying co  II. OTHER SIGNI Conditions contri related to the dise  19b. MAJOR FIN  (Bpecity)  (Day) (Year)  hat I attended Conditioned	CAUSES  ms, if any, givicated and electric contents and electric contents to the decase or condition NDINGS OF OR CHOURS (Hour)  21b. PLACEO Dome, farm, faction m. WHING WHING CHOUR)  21b. PLACEO WHING CHOURS WHING CHOURS WHING CHOOLED WHING CHOOLED CHORD WHING CHOOLED CONTENTS AND CHORD	DUE TO (b)  DUE TO (c)  DITIONS eath but not a causing death.  PERATION  FINJURY (e.g., in or about there, street, office bldg., ese  INJURY OCCURRED  ILEAT NOT WHILE ORK AT WORK	211. HOW DID INJUR 215, 19 , to 2 2	RY OCCURT	(COU	NTY)	O. AUTOPSYTYEE NO. (STATE)
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, arthenia, etc. It means the dis- case, injury, or complica- tion which caused death.  IPA. DATE OF OPERA- TION  ITALICIDE HOMICIDE LIDE INJURY  I hereby certify to alive on The	ANTECEDENT ( Morbid condition rise to the above the underlying co  II. OTHER SIGNI Conditions contri related to the dise  19b. MAJOR FIN  (Bpecity)  (Day) (Year)  hat I attended Conditioned	causes, if any, givicause (a) staticause (a) staticause last.  IIFICANT CON ibuting to the dease or condition NDINGS OF OIL PLACE OIL PL	DUE TO (b)  DUE TO (c)  DITIONS  and the state of the sta	21f. HOW DID INJUR 21f. HOW DID INJUR 75, 19, to	March the causes	(COU	INTY)  at I last so the stated at the stated	O. AUTOPSYA  YES NO NO NOTE OF THE PROPERTY OF
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, arthenia, etc. It means the dis- case, injury, or complica- tion which caused death.  IPA. DATE OF OPERA- TION  Pla. ACCIDENT SUICIDE HOMICIDE  Pla. TIME INJURY  I hereby certify to alive on  Cla. SIGNATURE	ANTECEDENT ( Morbid condition rise to the above the underlying co  II. OTHER SIGNI Conditions contri related to the dise  19b. MAJOR FIN  (Bpecity)  (Day) (Year)  hat I attended Conditioned	causes, if any, givicate (a) statically stat	DUE TO (b)  DUE TO (c)  DITIONS  cath but not a cousing death.  PERATION  FINJURY (e.g., in or above tory, street, office bidge, even tory, street, street, even tory, street, street, even tory, even tory, street, even tory, street, even tory, street, even t	21f. HOW DID INJUR  21f. HOW DID INJUR  25, 19, to 26  3 Am., from  23b. ADORESS  CRY OR CREMATORY	March the causes  Well 24d. LOCAT	(COL	INTY)  at I last so the stated at the stated	O. AUTOPSYA  YES NO NO NOTE OF THE PROPERTY OF
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify the alive on  23a. SIGNATURE  24a. BURIAL, CREMA- TION, REMOVAL (Specify) BUT 12.  DATE REC'D BY LOCAL	ANTECEDENT ( Morbid condition rise to the above the underlying co  II. OTHER SIGN Conditions contri related to the dise  (Bpecity)  (Day) (Year)  Ant I attended Conches 19 5	CAUSES  ms, if any, givicative (a) staticated (a) s	DUE TO (b)  DUE TO (c)  DUE TO (c)  DITIONS eath but not a causing death.  PERATION  FINJURY (e.g., in or aboutory, street, office bidg., eventory, street, of	21f. HOW DID INJUR  21f. HOW DID INJUR  75, 19 , to 20  9 Am., from  23b. ADDRESS  RY OR CREMATORY  125 EUNERAL DIRE	March the causes  24d. LOCAT	(COL	INTY)  at I last so the stated at the stated	D. AUTOPSYTE  YES NO (STATE)  AND the decembers.  C. SATE SIG. (State)
line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY  22. I hereby certify the alive on  23a. SIGNATURE  24a. BURIAL, CREMA- TION, REMOVAL (Specily) BURIAL	ANTECEDENT ( Morbid condition rise to the above the underlying co  II. OTHER SIGN Conditions contri related to the dise  (Bpecity)  (Day) (Year)  Ant I attended Conch. 195  24b. DATE 3/3/52	CAUSES  ms, if any, givicative (a) staticated (a) s	DUE TO (b)  DUE TO (c)  DUE TO (c)  DITIONS  eath but not a causing death.  PERATION  FINJURY (e.g., in or aboutory, street, office bidg., even tory, street, str	21f. HOW DID INJUR  21f. HOW DID INJUR  25, 19, to 26  3 Am., from  23b. ADORESS  CRY OR CREMATORY	March the causes  24d. LOCAT Mario	(COL	INTY)  at I last so te stated at the stated	O. AUTOPSYTY YES NO (STATE)  Saw the dece bove.  C. BATE SIG. (State)

## CTATEMENT DV LICENICED ENDAYRED

STATEMENT BY LICENSED EMBA	ALMER
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.	Student Embalmer No

Signed Earl Boxes

Student Embalmer

Licensed Embalmer No. 2/2/26

P. O. Address Description

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.