Primary Registration District No. 234  Primary Registration District No. 254  Registrat's No. 65  Registration District No. 65  Registra				STANDARD CERTIF	ICATE OF DEATH		3144	9
1. PLACE OF DEATH  A COUNTY MONITERU  b. CITY (if outside corporate limits, give TOWNSHIP ends) Inside Limits OR CRISTOTIA, MO Walker Verk No.D  C. CITY (if outside corporate limits, give TOWNSHIP ends) Inside Limits OR CRISTOTIA, MO Walker Verk No.D  C. CITY (if outside corporate limits, give TOWNSHIP ends) Inside Limits OR CRISTOTIA, MO Walker Verk No.D  C. CITY (if outside, give location) Length of atoy in 1b  ATTERET (if outside, give location)  ATTERET (if outside, give location)  PRESENTED  TOWN CRISTOTIA, MO Walker Verk No.D  ADDRESS Gen Del  A TREET (if outside, give location)  PRESENTED  TOWN CRISTOTIA, MO Walker No.D  Reside on For Residence on For Reside on For Reside on For Residence on For Resi	, F	ILED OCT						1 ~
a. COUNTY  Moniteau  b. CITY (if ourside corporate limits, give TOWNSHIP only) Inside Limits OR Callifornia, Mo Walker OR Del O	_		/ Registration Dis	strict No. Pri				
D. CITY (if outside corporate limits, give rownstill only) Inside Limits OR TOWN California, Mo Walker Yea & No D TOWN California, Mo Walker Walker & No D TOWN California, Mo Walker Walker & No D TOWN California, Mo Walker & Walker & No D Town California, Mo Walker & Walk			гн	•	I STATE	h (		
ORN California, Mo Walker Yee & No D TOWN California, Mo 18 Yes: No D Town California, Mo 19 Yes: No D Town California, Mo 18 Yes: No D Town California, Mo 18 Yes: No D Town California, Mo 19 Yes: N					<u>  </u>	Missouri	Mor	
THE PILL NAME OF (IN ADT Inhospital, give location)   The property of the prop	ь.	OR			ll or		الع	
HOSPITAL OR INSTITUTION HOME  15 Yrs  ADDRESS Gen Del  Verd Month Day Year  DECLARAD  Type or print)  LO11  SEX  SEX  6 COLOR OR NACE  INTERTITUTION HOTE  10hite  WIDOWTOD DIVORCED ADDRIT 11 1875  ADDRESS  Gen Del  Verd Month Day Year  ORATH PAGE (In year)  For Widow I vize by widow is vize by widow in vize by widow is vize by widow in vize by widow is vize by widow in vize by widow in vize by widow is vize by widow in vize by widow in vize by widow is vize by widow in vize by				Matrell	TOWN Ca.		40	No LI
1. NAME OF DECEASED  1. OTHER POPERS  1. OTHER DECEASED  1. OTHER DECE	c.	HOSPITAL OR		1.			, give location)	Reside on Farm
TOTATION OF THE STATE OF THE ST					<u> </u>		16-4	<del></del>
SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In war)   1000km 1 vac.   100	DE	CEASED	First	Middle	Last	OF	_	
CONTRICT   WINTERS   OLOGECED   April 1 875 8 1					Pace		Alig 20	) 1956 Aft tie Linder 24 HRS
B. LIBLAL OCCUPATION (Gibt And of goot a done)  HOLLS WIFE  HOUSE WIFE  THOUSE	. SE	` 1	6. COLOR OR RACE	1		last birthd	ay) Months Day	Hours Min.
HOUSE WIFE  HOW HORN HORN HORN HORN HORN HORN HORN HORN								
13. FATHER'S MAME  ADE FIDDIO  15. WAS DECEASED EVER IN U. S. ARMED FORCES)  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per thras for (a), (b), and (c):)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any  which gave rise to  part ii, other significant conditions contributing to Death But not related to the terminal disease condition given in Part I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I of firm 18)  20b. Time of Hour Month, Day, Year  INJURY 0. INJ		iuring most of wo	rking life, even if retired)			_	<i>O</i>   11	S.A.
15. MAS DECEASED ESTÉ IN U. S. ARNED FORCES! (14. No. or what was caused for the part in death of the part in de	13. FA	HOUSE	wire	Own Home				D.21.
15. MAS DECEASED EVER IN U. S. ARMED FORCES! (19. No. or unknown)   11. INFORMANT   Address   11. INFORMANT   No. or unknown)   12. INFORMANT   NO. or unknown)   12. INFORMANT   NO. or unknown)   12. INFORMANT   NO. or unknown)   13. INFORMANT   NO. or unknown)   14. INFORMANT   NO. or unknown)   15. INFORMANT   NO. or unknown   No. or unknow	^	ነኩሩ ሆነተ።	and m	•	TinKnown	•		
18. CAUSE OF DEATH [Enter only one cause pr lina for (a), (b), and (c):  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gare rise to about the part in the p	5. W	AS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.		. 0	Address	200
INTERPRETATION   COUNTY   STATE   CONTINUED   COUNTY	Yes,	27	I) yes, give war or dates of servi	1	mrs 40	rcl( 0 e	ice ca	Disorrie
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY a.m. p. m.  20d. INJURY OCCURRED WHILE AT ONOT WHILE Jarm, factory, street, office oldg., etc.)  21. I attended the deceased from	_	which gave above cause stating the	rise to () () () () () () () () () () () ()			•		V
20c. TIME OF Hour Month, Day, Year  INJURY a. m.  20d. INJURY OCCURRED  WHILE AT MORK MORK MORK MORK MORK  21. I attended the deceased from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowled	2	PART II. OTH	ER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATE	TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART		PERFORMED?
20c. TIME OF Hour Month, Day, Year INJURY a. m.  20d. INJURY OCCURRED WHILE AT MOT WHILE AT WORK Death pecurifd at month of the date stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge, from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused stated above and to the best of my knowledge from the caused		_		06. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of in	jury in Part I or Part l		
WHILE AT   NOT WHILE   Jarm, factory, street, office oldg., etc.)  21. I attended the deceased from   to   and last saw her alive on   Death occurred at   mon the date stated above, and to the best of my knowledge, from the caused stated  22a. SIGNATURE   (Degree or (life)   22b. fodress   22c. SIGNATURE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (Sinte)  23a. BURIAN ORIGINATURE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (Sinte)  REMOVING OFFICIAL   8/31/56   Sappington Cometery   Rural - California, Mo  24. FUNERAL DIRECTOR   ADDRESS   25. DATE RECD. BY LOCAL REG.   26. REGISTRAD'S SIGNATURE    25. DATE RECD. BY LOCAL REG.   26. REGISTRAD'S SIGNATURE    26. REGISTRAD'S SIGNATURE   25. DATE RECD. BY LOCAL REG.   26. REGISTRAD'S SIGNATURE    27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Signature   27. Sig				·····				···
WHILE AT WORK I STEEL, Office Oldg., etc.)  21. I attended the deceased from to and last saw her alive on him on the date stated above, and to the best of my knowledge, from the caused stated 22a. SIGNATURE  22a. SIGNATURE  (Degree or (life)  22b. PODRES  22a. BURIAN, ORENATION. 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  REMOVAL OFFICIAL  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  (State)  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAD'S SIGNATURE  27. SIGNATURE  28. REGISTRAD'S SIGNATURE	읽				<b>~</b> .			-
Death occurred at	-   -\   w	HILE AT   NO	OT WHILE [ ] Jarm, fo	OF INJURY (e.g., in or about home, actory, street, office bldg., etc.)	201 CITY, TOWN, OR	wid M	County	u MC
Death of curried at	·   2	l. I attended L	he deceased from	, to		and last saw her	alive on	τ
23a. Buriay, Presention, Removal (Specify) Rural California, Mo  8/31/56 Sappington Cometery Rural California, Mo  24. Funeral Director  Address  25. Date Recd. By Local Reg. 26. Registrates Signature  26. Registrates Signature  27. South Records Sappington Cometery Rural California, Mo  26. Registrates Signature  27. South Records Sappington Cometery Rural California, Mo  28. Date Recd. By Local Reg. 26. Registrates Signature  28. Date Recd. By Local Reg. 26. Registrates Signature	L		1.	m on the date	stated above, and t			
Burial 8/31/56 Sappington Cometery Rural California, Mo  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAD'S SIGNATURE  4-7-56  ADDRESS  Deligory	2	a SIGNATURE	Danie	Degree or (title)	224 PODREGS	bruie.	Mo	20/5
Burial 8/31/56 Sappington Cometery Rural-California, Mo  A. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAD'S SIGNATURE  4. TUNERAL DIRECTOR  ADDRESS  27-7-56  ADDRESS		URIAL CREMITION.	236. DATE	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City, tot	en, or county)	(State)
Ears Boulin California m 9-7-56 22 Poperoy							ifornia,	Mo
(I icensed Embalmer's Statement on Reverse Side)	24. FL	INERAL DIRECTOR	Q. A	0.1 25. 0	ATE RECD. BY LOCAL REG	5. Z6. REGISTRAB'S S	A DO SO	4
	De	111 Jan	rum.ca	Licensed Embelments States	pent on Reverse Side	1. 0, ,	1101	<del>g</del>

## STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No.

	I hereby certify that the body whose name is recorded on the reverse side of this certificate was e	'n
	by me, or by, Student Embalmer No	
•	working under my personal supervision	
	Student Signature of Student Embalmer Signature of Student Embalmer	••

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting If this body is not embalmed, fact should be so stated above.