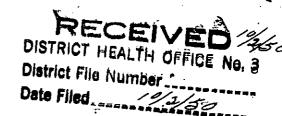
			THE DIVISIO	N OF HEALTH	OF MISSOURI		
S. No.300   V. 10.48	FILED OCT	3 195 <b>0</b>	STANDARD	CERTIFICA	TE OF DEATH	State Fi	ieno 29847
	BIRTH NO	· .	REG. DIST. NO	83 PRIMA	RY REG. DIST. MO.	5313 Régistre	r's No. 7
1 7%	1. PLACE OF DEA	ΛTH				E (Where decessed lived	. If institution: residence before
2 10	COOPE'S			a. S	TATE 77155 6	た b. COUNT 以か!	BOOPEY And
	b, CITY (if outside co	rpurate limits, write F	URAL and give C: L	ENGTH OF c. C		limits, write BURAL and	cive township)
^ _		TH MONI		Y (in this place)	OWRUTH L	NOTH MON	ITE HU
)H.	d. FULL NAME OF (	If not in bospital or i	astitution, give street addre	er or location) d.	II) Tables	rural, give location)	
RECORD	INSTITUTION	EAT MOI	VITERU CY	EEK. "	Calif	ornia m	(0.
RE	3. NAME OF DECEASED	a. (First)	b. (Mid	dle)	c. (Last)	4. DATE (M	fonth) (Day) (Year)
Į.		Ary L	LIZEBET	4 F	DETCHE:	DEATH SE	PT. 21-1950
Ĩ I	5, SEX 6.	COLOR OR RACE	7. MARRIED, NEVER WIDOWED, DIVORC	MARRIED, 8. DA	TE OF BIRTH		IF UNDER I YEAR   IF UNDER IS HES. Months   Days   Hours   Min.
AN	FEMALE	WHITE	WIDOWE	0 2 AP	ril 29-18	73 77	Days Hours Min.
RM	10a. USUAL OCCUPATIO		10b, KIND OF BUSIN	ESS OR IN- 11. BI DUSTRY	RTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
PERMANENT	HOUSEW		OWH HOM	E M	11550471	. 0	14.5
	13a. FATHER'S NAME		136. МОТНЕ	R'S MAIDEN NAME		. NAME OF HUSBAND	On-wife
ы ы	TOM C/	704	MAY		FEY 9	AMES FL	ETCHET
IKE	15. WAS DECEASED EVE (Yes, no, or unknown) (If	R IN M.S. ARMED		SECURITY 17. II	NEORMANT' 50'S	IGNATURE OR NAM	ADDRESS
· ½	No		No_	7 10	lande	Bullet	Ur Too
	18. CAUSE OF DEATH Enter only one cause per [	I. DISEASE OR C	,	EDICAL CERTI	FICATION	Dear	INTERVAL BETWEEN ONSET AND DEATH
Z	line for (a), (b), and (c)	DIRECTLY LEAD	ING TO DEATH*(a)	ein	ciono c	evenu	<u>a</u> i
CK	*This does not mean	ANTECEDENT C	AUSES			٠.	
νc	the mode of dying, such	Morbid condition	s, if any, giving DUE TO ause (a) stating	(b)	-		
BL	as heart failure, asthenia, etc. It means the dis-	the underlying car	ause (a) stating use last.	•			
	ease, injury, or complica-		DUE TO	(c)	<u> </u>		
Ž	tion which caused death.	•	FICANT CONDITIONS buting to the death but not		•		90.0
ADIN			buting to the death but not use or condition causing de	ılh.	<u>.</u>		2900
UNE	19a. DATE OF OPERA- TION	196. MAJOR FINI	DINGS OF OPERATION		•	, <u>.</u>	20. AUTOPSY?
<b>Þ</b>		<u> </u>			0174 70111 00 70 <b>0</b>	nour (oath	YES NO W
رن	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e home, farm, factory, street, o	ng., in or about (18. (	A A MATERIAL	HSHIP). (COVI	Tolar MO
SING	l	(7)	(Hour) 21e. INJURY	CCUPPED 316 H	IOW DID INJURY OCC		oper 100
· P	Zid. TIME (Month) OF INJURY	(Day) (Year) (	Hour) Zie. INJURY. WHILEAT		OH OID INSURT OCC	٠ .	//
, k				4 7	48 //on	21 60	<u>v</u>
N	22. I hereby certify t	half I allended t	he deceased from LI	7. 18	9, 10 00	, ,	t I last saw the deceased
TY	23a, SIGNATURE?	Y 19.3	and that death o		Andress .	suses and on the dat	e statea above.    23c. DATE SIGNED
E -				per (prétitile) 23b.	ALL	with MI	1 9/22/5
: 2	24 BURIAL CREMA	-   24b, DATE	1 240 NAME (	OF CEMETERY OR C	PEMATORY 1 244	LOCATION (Olty, town,	or county) (State)
: Write	TION, REMOVAL (Specify)	0133 /	. 1				
≱	DATE REC'D BY LOCAL	REGISTRAR'S S	950 STYLEN	FADEN C	JNERAL DIRECTOR	9 7 R. A. T. J. F. J.	ADDRESS
	DATE REC'D BY LOCAL REG.	VTX	man the	4 700	allest He	- look A.	·
	1.744/20	<u>., *• /• / / / / / / / / / / / / / / / / /</u>	(Licensed	Embalmer's Statemen	nt on Reverse Side)	TWEER! VIA	was Home
	•					•	mo_



cV

JAY

OWN HOME WALL

TOME TO RESIDENCE AND COMMENT OF THE COMMENT

医马尔氏病的 化硫酸氢化 化二羟异氰化汞 化二氯甲酚

No

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 Embelmer No
orking under my personal supervision	

Student Embalmer

VERT 21 1953

Signed to albert Hornbeck

Licensed Embalmer No.2714

P. O. Addres Prairie Home 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 this body is not embalmed, fact should be so stated above.