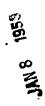
THE DIVISION OF HEALTH OF MISSOURI 5, No.300 STANDARD CERTIFICATE OF DEATH State File No. BIRTH NO. RESIDENCE (Where I. PLACE OF DEATH 2. USUAL b. COUNTY A. COUNTY a. STATE LENGTH OF c. CITY (If outside on b. CITY (If outside STAY (in this place) township) TOWN TOWN 20 Y RS RECORD d. FULL NAME OF (If not in hospital or institution, give street address of location) d. STREET (If rural, give location) HOSPITAL OR INSTITUTION ADDRESS RNeTT ARNE 3. NAME OF DECEASED b. (Middle) c. (Last) 4. DATE (Month) (Day) / (Year) OF DEATH A PERMANENT (Type or Print) 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) COLOR OR RACE Months WIDOWED, DIVORCED (Specify) last birthday) Rours | Min. APRIED BUSINESS OR IN-10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF 12. CITIZEN OF WHAT DÚSTRY done during most of working life, even if retired) 13a. MOTHER'S MAIDEN NAM -MAKE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (If yes, give war or dates of service) (Yes, no, or unknown) VONe 18. CAUSE OF DEATH INK I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Enter only one cause per line for (a), (b), and (c) BLACK ANTECEDENT CAUSES *This does not mean Morbid conditions, if any, giving DUE TO (b) the mode of dying, such rise to the above cause (a) stating the underlying cause last. as heart failure, asthenia, etc. It means the dis-DUE TO ease, injury, or complica-UNFADING tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERA-NO X NON 21a. ACCIDENT SUICIDE HOMICIDE (STATE) (Specify) 21b, PLACE OF INJURY (a.g., in or about 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) PLAINLY—USING home, farm, factory, street, office bldg., etc.) NONE 21f. HOW DID INJURY OCCUR? 21d. TIME 21e. INJURY OCCURRED (Houz) (Month) (Day) (Year) OF No v AT WORK WORK that I last saw the deceased 22. I hereby certify that I attended the deceased from 4 alive on 12-28 1952, and that death occurred at 2:30 P m., from the causes and on the date stated above. 23c. DATE SIGNED (Degree or title) 23b. ADDRESS SIGNATURE WRITE 24a. BURIAL. CREMA-TION, REMOVAL (Speedly) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24b. DATE 'G FUNERAL DIRECTOR DATE REC'D BY LOCAL do 1



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	d on the reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	
Student Embalmer	Signed South Mays
	Licensed Embalmer No. 3998
	P. O. Address Illon 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.