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S. NAME OF PECEASED First Middle Last C. DATE Month Day	Reside on Farm	-	(If out	d. STREET ADDRESS	Inside Limits		NOT in hospital, give loc	c. FULL NAME OF (If I				TE A				
Conditions, if any, Does to provide the under the unde	Year							<u>.</u>		-						
S. SEX S. COLOR OR RACE 7. Married Nower Married S. DATE OF BIRTH 9. AGE (lest biriheday) If UNDER 176. Married Nower Married S. DATE OF BIRTH 9. AGE (lest biriheday) If UNDER 176. Married Nower Married S. DATE OF BIRTH 9. AGE (lest biriheday) If U. S. Married Nower Married S. DATE OF BIRTH 9. AGE (lest biriheday) If U. S. Married Nower Married S. DATE OF BIRTH 9. AGE (lest biriheday) If UNDER Married Nower Married S. DATE OF BIRTH 9. AGE (lest biriheday) If U. S. Married S. DATE OF BIRTH 9. AGE (lest biriheday) If U. S. Married S. DATE OF BIRTH 9. AGE (lest biriheday) If U. S. Married S. DATE OF BIRTH 9. AGE (lest biriheday) If U. S. Married S. DATE OF BIRTH 9. AGE (lest biriheday) If U. S. Married			l OF	•	_	••		(Type or print)								
10. USUAL OCCUPATION (flex kind of work done) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF W Home 13. Morther's mainten name 14. NAME of Husband OR WIFE 13. MOTHER'S NAME 14. NAME OF HUSBAND OR WIFE 13. MOTHER'S NAME 14. NAME OF HUSBAND OR WIFE 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL SECURITY NO. 18. SO	R IF UNDER 24 HR Hours Min.	irthday) IF UNDER 1 YEA	9. AGE (last birth	8. DATE OF BIRTH	Never Married		6. COLOR OR RACE	SEX				4D OF				
HOUSENTIE 3/ HOTTED 13. MAD DECASED EVER IN U.S. ARMED FORCES? 13. MAD DECASED EVER IN U.S. ARMED FORCES? 14. NAME DISTANCE 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Porter Donley Address None: 18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c). IMMEDIATE CAUSE (s) Conditions, if any, which gave rise to above cause (s), living cause last. DUE TO (b) PART II. OPHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal per line for each per line for per line for line of the per line for line of the per line for line of the per line for (s), (b), and (c). Conditions, if any, but in part I (s) but in the per line for (s), (b), and (c). PART II. OPHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal per line for line per line for line per line for (s), (b), and (c). PART II. OPHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal per line for line per line for line per line for line per line for (s), (b), and (c). To was autory to could be per line for (s), (b), and (c). PART II. OPHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal per line for line per line for (s), (b), and (c). To was autory to could be per line for (s), (b), and (c). To was autory to could be per line for (s), (b), and (c). The per line for line per line for (s), (b), and (c). The per line for line per line for (s), (b), and (c). The per line for line per line for (s), (s), and (c). The per line for line per line for (s), (s), and (c). The per line for line per line for (s), (s), and (c). The per line for date that security in the per line for (s), an	WHAT COUNTRY	country) 12. CITIZEN OF	I OL City and state or cou	Y 11. BIRTHPLACE (C	ISINESS OR INDUSTR	e 10b. KIND OF B	(Give kind of work done	USUAL OCCUPATION	10	ŀ						
DRYIG GIBN 15. WAS DECASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give wer or dates to service) No. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. Conditions, if any, which give rise is all stating the under lying cause last. 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II. 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II. 20s. TIME OF Hour Month, Day, Year June 19. 20s. TIME OF Hour Month, Day, Year June 20s. AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II. 20s. TIME OF Hour Month, Day, Year June 20s. AUTOPSY 20s. ACCIDENT SUICIDE 20s. PLACE OF INJURY (e.g., in or about home, while AT WORK 10s. The month of the best of my knowledge, from the cause of					HER'S MAIDEN NAM			iousewi fe	1							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war of dates of service] NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) Condition, if say, which gave rise to above cause (a), stating the under- lying cause (a), stating the under- lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal per line as pregnant Interval to the per line	•		1	_			•		_							
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PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased there a pregnan there a pregnan performence of the presence			:				ave rise to cause (a), the under-	which ga above o stating t		_	-	INSTE				
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PERFORMED? YES NO			/Enter nature of ini	M INTERPRETATION	1/20th DESCRIBE HO	natural 1	1-hierm	IO MAG AUTODOY	ᄪ							
ON INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, but here) While AT WORK 20e. PLACE OF INJURY (e.g., in or about home, but here) 21. I attended the deceased from 956 10 3 10 10 Detail occurred at 22 4 4 10 Detail occurred at 22 4 4 10 Detail occurred at 22 4 4 Detail occurred at 22 4 4 Detail occurred at 22 4 4 Detail occurred at 22 Detail occurred at 22 4 Detail occurred at 22 Detail occurred at 22 Detail occurred at 22 4 Detail occurred at 22 Detail	1 07 Hem 10.)	INDIAN TO TAKE	(Ellier Halore Of Hill	W MOOK! OCCORNED.	100. DESCRIBE THE			PERFORMED?	CERT							
WHILE AT WORK farm, factory, street, office bldg., etc.) 21. 1 attended the deceased from 956 to 326 4 4 4 4 4 4 4 4 4					<u> </u>		Month, Day, Year	INJURY a.m.	EDICAL			EAD				
21. 1 attended the deceased from 958, to 321. 22b, ABDRESS Description occurred at 10:00 m on the date stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the best of my knowledge, from the case of the stated above, and to the stated	STATE	COUNTY	LOCATION	20f. CITY, TOWN, OR	in or about home, te bldg., etc.)	CE OF INJURY (e.g., , factory, street, off	ED 20e. PLAC farm,	20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	2							
23a. SURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Fah.8th.1961 Clarksburg Masonic Clarksburg Mo 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECOL BY LOCAL REG. 26. REGISTRAL'S SIGNATURE	1961	10 on Feb 6,	her alive المتعادلة	4 6/96/ and	Fel	- /										
23a. SURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Fah.8th.1961 Clarksburg Masonic Clarksburg Mo 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECOL BY LOCAL REG. 26. REGISTRAL'S SIGNATURE		my knowledge, from the	nd to the best of my	_	m on th		<i>[:</i> _	Death occurred at				OI				
	22c. DATE SIGNED	mo.	rua,	(//- 0- 0	mal-	egree of title)	, Pacla	227 STGMATURE				SHO				
	(State)	,		U		<u> </u>		REMOVAL (Specify)		- <u> </u>	+	o				
		RAP'S SIGNATURE	Jiarksburg G. 26. REGISTRA	nic E RECD. BY LOCAL RE	caburg Mase	DDRESS	Feb-8th-196	ial	Bu:			EW Z				
Jewell E. Richards-Tipton, Missouri feb, 8, 1961 / Julen Lope	your	len Nops	1 7/del	1,8,196	1/4	on, Missour	hards-Tipto	Wewell E.Ric	ا	¥						

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,
ar-by	, Student Embalmer No
working under my personal supervision.	Signed Joenell - E - Richa
Signature of Student Embalmer	Licensed Embalmer No 2466

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