STATE PILON STATE NO. 2 4 PRIMARY REG. DIST. NO. 2 4 PRIMARY REG. DIST. NO. 3 94 S. RESIDENCE (When distinguished) Indicated a property of the control of th	FILED MAY	9 195 <b>5</b>	THE DIVISION OF H	EALTH OF MISSO	URI	1269(
PLACE OF DEATH	THE STATE OF	0 1900	STANDARD CERTI	FICATE OF DE	ATH Sta	te File No
B. COUNTY  D. CITY (If outside companies limits, write REPAL and give property) STAY the tale plant of the property of the desire of the desir			REG. DIST. NO. 224	PRIMARY REG. DIST.	NO. 3046 Re	gistrar's No. 23
D. CITY (If counted corporate limits, write RURAL and give TOWN		TH Man	Tana			
OF ILL NAME OF it stype hospital or treatatation, gry strong address or location.  J. MANE OF M. (Brits)  J. MARKE OF M. (Brit	h CITY of and the	111000	The LENGTH OF		sourc	Mondeau
ADDRESS  NAME OF SECOND RACE 7. MARRIED NEVER MARRIED. SEX 10. USUAJ OCCUPATION (Cherkind of mock of married never	TOWN CA	leform	township) STAY (in this pile.	TOWN Clay	keling	d. Is Residence within limits a city or in orporated tow Yes No
Type or Print    State   Sta	d. FULL NAME OF ( HOSPITAL OR INSTITUTION	7 -1	stitution, give street address or location)	. STREET ADDRESS	(If rural, give location)	0680
Type or Print    State   Sta	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE	(Month) (Day) (Ye
S. SEX   6. COLOR OR RACE   7. MARRIELD NEVER MARRIED   8. DATE OF BIRTH   9. AGE (as year)   100. Willy WINDED DIVORCED (Benefit)   100. WINDERSON   11. BIGTHPLACE (City and State of Professa Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   100. WINDERSON   11. BIGTHPLACE (City and State of Physical Constript)   12. CITIZENON   100. WINDERSON   100. WINDERSON   100. WINDERSON   100. WINDERSON   100. WINDERSON   100. WINDERSON	(Type or Print)	ebdsliar			E/R DEATH .	
109. USUAL OCCUPATION (circ bind of work)  and company on the working lib.  TARLEY OF PARTY OF THE WORK OF PURISANO OF BUSINESS OR IN DUSTRY  TARLEY OF PARTY OF THE WORK OF PURISANO OF WIFE  13. MATE OF PURISANO OF WIFE  13. MOTHER'S MAIDEN NAME  14. NAME OF HYSBAND OR WIFE  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY OF INFORMANT'S SIGNATURE OR NAME  16. CAUSE OF DEATH  16. CAUSE OF DEATH  17. BIS CAUSE OF CONDITION  17. BIS CAUSE OF DEATH  17. BIS CAUSE OF CONDITION  18. CAUSE OF CONDITION  19. MATUREY OF CONDITION  19. MAJOR FINDINGS OF OPERATION  19. COLOR FOR THE	"Male"	color'or race	WIDOWED, DIVORCED (Breakly)	سر د دمد ا	last birthda	y) Months Days Hours
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY J. INFORMANT'S SIGNATURE OR NAME ADDRES  MEDICAL CERTIFICATION  INTERVALSE  INTERVALSE  MEDICAL CERTIFICATION  INTERVALSE  INTERVALSE  INTERVALSE  INTERVALSE  INTERVALSE  INTERVALSE  INTERVALSE  INTERVALSE  INTERVALSE  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CONDITION  DUE TO (b)  Claranic Unique cause in Intervalse  Take to the obose cause (s) stating  take to the obose cause (s)  The underlying couse take  The obose cause (s)  The underlying couse take  The underlying couse						COURT TYLA
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY J. INFORMANT'S SIGNATURE OR NAME  ADDRE  MEDICAL CERTIFICATION  DISEASE OR CONDITION  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CONDITIONS  DUE TO (c)  The obove cause (a) stating  the other obove cause (a) stating  are to the obove cause (a) stating  the underlying cause last.  DUE TO (c)  The underlying cause last.  THE ACCIDENT  TION  195. MAJOR FINDINGS OF OPERATION  20. AUTOPSY  YES   ANTERIAL CREMA  ANOMAL I altended the decease of condition causing details.  THE ACCIDENT  MORITION  216. INJURY OCCURRED  MILLEAT NOTWHILE WORK  ANOMAL 231. AUTOPSY  TO THE COUNTY OF THE COUNTY OF THE CAUSE OF T	ISa. FATHER'S NAME		136, MOTHER'S MAIDER	L NAME	14. NAME OF HUSBA	MD'OR WIFE
NO	Michal	Minste	The Heaten &	ansinaton	Mary Sul	lour Mint
MEDICAL CERTIFICATION    DIRECTLY LEADING TO DEATH   Editer only omeasuse per line for (a), (b), and (c)    This does not mean the mode of dying, such the to the above cause (a) stating the underlying couse last.    Morbid conditions, if any, giving DUE TO (b)   Continue County   County	IS. WAS DECEASED EVE	R IN U.S. ARMED F	ORCES? 16. SOCIAL SECURITY	INFORMANT'	S SIGNATURE OR	NAME ADDRE
Enter only one cause per line for (a), (b), and (c)  *This does not mean the the mode of spring, such as heart failure, asthenia, rise to the above cause (a) stating the underlying cause last.  Morbid conditions, ij any, giving DUE TO (b)  UE TO (c)  UE TO (d)  UE TO (d)  UE TO (e)  UE TO (e)  UE TO (e)  UE TO (c)  UE			Mo. NO.	Mary M	riester	Clarkelina
Iline for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthemia, see. It means the distant, injury, or compileration which caused death.  *DUE TO (c)  *This does not mean the distant and the means the distant properties of the above cause (c) stating the underlying cause last.  *DUE TO (c)  *DUE TO (c)  *This does not mean the distant and the deeth properties of the deeth but and the last the the above cause (c) stating the underlying cause last.  *DUE TO (c)  *This does not mean the distant and the deeth properties of the deeth but and the last the deeth put not related to the disease or conditions constituting to the deeth but not related to the disease or condition causing death.  *Ba. DATE OF OPERA-TION  *Plan. ACCIDENT  *TION  *Ba. ACCIDENT  *BullCIDE  *HOMICIDE  *HOW COUNTY  *HOW DID INJURY OCCURRED  *HOW DID INJURY OCCURT  *HOW DID INJURY OCC	18. CAUSE OF DEATH	1 0:55155 00 00		CERTIFICATION		
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DUE TO (c)    DUE TO (c)   DUE	as heart fallure, asthenia,	rise to the above ca	use (a) stating	? 0 . (	7	F
Conditions contributing to the death but not related to the disease or conditions constituting to the death but not related to the disease or conditions constituting to the death but not related to the disease or condition causing death.    Pa. Date of operation   190. Major findings of operation   20. Autopsy   190. Major findings of operation   20. Autopsy   190. Major findings of operation   20. Autopsy   190. Major findings of operation   210. City, town, or township)   (County)   (State Suicide Homicide   190. Place of injury occurred   210. City, town, or township)   (County)   (State Homicide   190. Time   190. Major   190. M		the andertying to a		itenore	lanin	3700
Pla. DATE OF OPERATION  Pla. ACCIDENT SUICIDE HOMICIDE HO	tion which caused death.	II. OTHER SIGNIF	····			
Pla. DATE OF OPERATION  TION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY YES  AUGUST  Readily)  21b. PLACE OF INJURY (e.g., is or about bome, farm, factory, street, office bidg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE SIGNATURE)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (COUNTY)  (COUNTY)  (STATE SIGNATURE)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (COUNTY)  (STATE SIGNATURE)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE SIGNATURE)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (COUNTY)  (STATE SIGNATURE)  (COUNTY)  (STATE SIGNATURE)  (Degree or title)  22c. AUTOPSY  22d. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  (State State of the signature)  (State State of the signature)  (County)  (County		Conditions contribe	uting to the death but not is or condition causing death.	•		
Pla. ACCIDENT (Specify)  21b. PLACE OF INJURY (e.g., is or about bome, farm, factory, street, office bldg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP)  21c. (COUNTY)  (COUNTY)  (STATE ACCIDENT (Specify)  21d. Time (Month) (Day)  (Year)  (Hour)  21e. INJURY OCCURRED  WHILE AT NOT WHILE  WORK NAT WORK  21f. HOW DID INJURY OCCUR?  22f. A DAY WORK  22f. How DID INJURY OCCUR?  22f. HOW DID INJURY OCCU	19a. DATE OF OPERA-				,	20. AUTOPSY
21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE BUILDING (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED (WHILE AT WORK) 21f. HOW DID INJURY OCCUR?  21d. Horeby certify that I attended the deceased from 3 5 , 1952, to 4 - / 2 , 1953, that I last saw the deceased alive on 4 - / 2 , 1953, and that death occurred at 2:106, m., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title) 23b. ADDRESS 22c. DATE SIGNATURE (Degree or title) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State of the coun	TION				_33	
SUICIDE HOMICIDE  Property (Month) (Day) (Year) (Hour) INJURY  21e. INJURY OCCURRED WHILE AT WORK AT W	21a. ACCIDENT	(Specify) 2	1b. PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR		
216. TIME (Mouth) (Day) (Year) (Hour) 216. INJURY OCCURRED OF INJURY  217. Horeby certify that I attended the deceased from 3 5 , 1952, to 4 - / 2 , 1953, that I last saw the decease of the deceased from 2 5 , 1952, to 4 - / 2 , 1953, that I last saw the decease of the deceased from 2 5 , 1952, to 4 - / 2 , 1953, that I last saw the decease of the d	SUICIDE HOMICIDE	, , b	ome, farm, factory, street, office bldg., etc.)	Cal	Lane We	<b>1</b>
INJURY    WHILE AT   NOT WHILE	21d. TIME (Month)	(Day) (Year) (E	Tour)   21e. INJURY OCCURRED	21f. HOW DID INJUR	OCCUR7	market org
22. I hereby certify that I attended the deceased from 3-5-, 1952, to 4-/2, 1955, that I last saw the deceased on 4-/2, 1955, and that death occurred at 2:10 f.m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  (Degree or title)  23c. DATE SIGNATURE  (A. BARTIAL. CREMA- 14-1955 Masonic County)  (Statement of the county)  (Statement of the county)  (A. BARTIAL. CREMA- 14-1955 Masonic County)  (Statement of the county)  (Statemen	OF INJURY	-	MHILE AT NOT WHILE	{		
alive on	- 7 1 1 416 i	1 . 7 1 1.1	THORK IN AT HORK I	10 C3 + 6	C 10 10 10 10 10 10 10 10 10 10 10 10 10	
23c. DATE SIGNATURE    As. BHARIAL. CREMA   24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (St. LULL)   4-14-1955   Masonic (eucly)   Claratura   Masonic (eucly)   Claratura   Masonic (eucly)   County   Cou	- ; -				he serves and and he	, that I last saw the dec
As. BHARTAL. CREMA.  106 REMOVAL (Specify)  4-14-1955 Masonic Cemetry (Remark)  107 Particle Record By Local Registrate's symmetric property of the property o		7, 193		<del></del>	ne causes and on the	
DATE REC'D BY LOCAL REGISTRAS'S SIGNATURE  4-14-1955 Masonic Cenetry Clarkstring Moderns  506 25. FUNERAL DIRECTOR'S SIGNATURE  4-15-5-5-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	DE. SIGNATURE	1/1/	+ 06- 1110	·	O land	1//-1 C/ 12
DATE REC'D BY LOCAL REGISTRAG'S SIGNATURE 506 25. FUNERAL DI RECTOR'S SIGNATURE ADDRESS  4-14-1955 Masonic Cenetry Clarkstrung Mo  ADDRESS  4-15-5-5-6  A Trugh & William California	24. BHDIAL COEMA		1 240 NAME OF COMPTER	V OR CREMATORY	24 OCATION (CITY	am assente
4-15-55 Ha Popy of a Hugh & William California	TION TEMOVAL (Benefity)	4-14-	1955 Masonic	Cumbry	Clarholy	ug Mo
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE REC'D BY LOCAL	REGISTRAN'S 81	Sylature 1506	25. FUNERAL DI REC	TOR'S SIGNATURE	ADDRESS .
	<del></del>	1/7/2	A	1/4Mg7	O TILLE	un [Alyerun

## STATEMENT BY LICENSED EMBALMER

	I hereby certify th	nat the	body	whose	name i	is recorded	on the	reverse	side	of this	certificate	was	emba
•	-	•	· 4										

Student Embalmer No...... by me, or by ...... working under my personal supervision...

Licensed Embalmer No. 3537

P. O. Address Caleforn Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail

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.