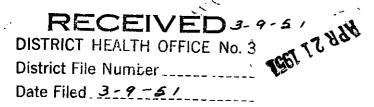
00 !		THE DIVISION OF HE	alth of Missou	iri	and di
FILED M	AR 10 1951	STANDARD CERTIF	ICATE OF DEA	ATH Stat	. File No. 5421
1) BIRTH NO		REG. DIST. NO. 222	PRIMARY REG. DIST.		istrar's No. 3
1. PLACE OF DE	ATH MONIT	FAK	BY STATE FT.	ENCE (Where deceased b. CO	lived. If institution: residence before UNITY admission).
b. CITY (If outside OR TOWN	PICS QUE C	AL and give c. LENGTH OF STAY (in this place)	C. CITY (It outside out	porate limits, write RURAL	And give township)
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or instit	tution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	00.0
3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF	(Month) (Day) (Year)
	COLOR OR RACE 7.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		ars if thour i year if index a res. Months Days Hours Mis.
10a. USUAL OCCUPAT	ION (Give kind of work ting life, even if retired)	Db. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State	or foreign country)	Months Dy3 Funce a nex. Hours Min. 12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAM		13b. MOTHER'S MAIDEN	Monitean	COUNTY 14. NAME OF HUSBAN	$\underline{\hspace{1cm}}$
	ER IN U.S. ARMED FOR		DMITH 17. INFORMANT'	S SIGNATURE OR A	ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR COND	DITION 4	MIS HITT ERTIFICATION of thrombs	on Doug.	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	ANTECEDENT CAUSI Morbid conditions, if rise to the above cause the underlying cause to	any, gioing DUE TO (b)	malique a	stevouler	i Syears
ease, injury, or complica- tion which caused death.	II. OTHER SIGNIFICA Conditions contributin related to the disease or	NT CONDITIONS			4201
19a. DATE OF OPERA- TION	19b. MAJOR FINDING				20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 21b. bome	PLACE OF INJURY (e.g., in or about s.farm, fastory, street, office bldg., etc.)	21c. (CITY, TOWN, OR 1	TOWNSHIP) (CC	OUNTY) (STATE)
21d. TIME (Month OF INJURY		21e. INJURY OCCURRED WHILEAT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR?	
22. I hereby certify alive on A	that I attended the c 27, 19.57,	deceased from July 13 and that death occurred at L	, 19 44, to 7-	e causes and on the	hat I last saw the deceased late stated above.
23a. SIGNATURE	Lathon ind	(Degree or title)	236. ADDRESS	, mo	23c. DATE SIGNED
24a. BURIAL, CREMA TION, REMOVAL (Specify	9 0 5	1, 1- 30NIC CE	OR CREMATORY 2	4d. LOCATION (Oity, tor	vn, or county) (State)
MATE REC'D BY LOCAL REG	Bue Bet D		25. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS Calefornia
		(Licensed Embalmer's St.	tement on Reverse Side	- FI MILL	THO



	•
LUES TO SHAME	AUG LU TA

1261 T YAM

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

working under my personal supervision.

Hugh & Williams

t Embalmer

Licensed Embalmer No. 3537

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.