		11N I 3 IV	りつと	STAND	ARD CERTIF	ICATE OF DEA	ATH .		. K C . Z	
	FILED JA								TATE FILE N	
L		Reg	gistration Dis	trict No	12 Pri	mary Registration I	District No	435	. Regist	rar's No \ C
1.	. PLACE OF DEA	TH				2. USUAL RESI	DENCE (When	e deceased liv	ved. If institution	on: Residence be
L	a. COUNTY	Mille	r			a. STATE	Misso	Ь.	COUNTY	niteau
	b. CITY (If outs	ide corporate l	limits, give T	OWNSHIP only)	Inside Limits	c. CITY				olnside L
L	OR TOWN ()]	ean. M			Yest No 🗆	OR TOWN]	High P	oint.	Mo of	
	c. FULL NAME HOSPITAL O	OF (If NOT in	hospital, give	e location) Len	gth of stay in 1b	d. STREET			e, give location	n) Reside o
L	INSTITUTION	Home-	<u>Olean,</u>	Mo 5	Weeks	ADDRESS	Gen	Del		Yes D
3.	NAME OF DECEASED		First	Λ	Middle	Last		4. DATE	Month	Day Ye
1	(Type or print)	J	ames	Ja	sper	Laue		OF DEATH	Dec 2	7 195
5.	SEX (6. COLOR OR			EVER MARRIED	8. DATE OF BIRTH		9. AGE (In 1	ears IF UNDER	YEAR IF UNDER
	Male	White	e	WIDOWED	DIVOBŽED 🔀	Nov 28	1881	' 76		Days Hours
100	a. USUAL OCCUPATION during most of we	N (Give kind of	work done 100	b. KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (Ci.	ty and state or	country)	C 12. CITIZE	N OF WHAT COUNT
	Carpent		9 7,51687	General	Work	High Po:	int. M	O	U.S.	Α.
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME			
	enry Lau					Sarah a	A. Smi	th		
15.	WAS DECEASED EV	R IN U. S. ARN	IED FORCES?	16. SOCIA	AL SECURITY NO.	17. INFORMANT			Address	
		(If ues, nice war a	or dates of service	w) 1		. ,				
	NO 18. CAUSE OF DE PART I. DEA Conditions.	TH WAS CAUSEI IMMEDIATE CA	nly one cause to D BY: AUSE (a)	Nor	1e b), and (c).]	2 the s	Toma	suis &	umm	INTERVAL BETY ONSET AND DE
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RECEIVED

JAN'7 '58

Miller County
Health Department

STATEMENT BY LICENSED EMBALMER

1	hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me,	or by, Student Embalmer No
workin	under my personal supervision
workin	under my personal supervision

Student.....Signature of Student Embalmer

Licensed Embalmer No. 279

P. O. Address Alfacetta.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.