FILCI ENDED	, 43	SEP 25 1959 Registration District No	224 Prin	nary Registration	n District No. <u>3</u> Ø	46 Registrar's No.	81	STATE FILE I	NUMBER
		1. PLACE OF DEATH			· · · · · · · · · · · · · · · · · · ·	2. USUAL RESIDEN	ICE (Where deceased	lived. If institution	: Residence before
]]		a. COUNTY Moniteau				e. STATE Missouri b. COUNTY Moniton admission)			
	1	b. CITY (If outside corporate limits, give TOWNSHIP only)		SHIP only)	Length of stay in 1b	c. CHY OR			Inside Limits
		TOWN California			2 Hrs.	TOWN Jamestown		Yes 🗶 No 🗆	
		 FULL NAME OF (If NOT in hospital, give located HOSPITAL OR 		·		d. STREET (If cutside, give location) ADDRESS		Reside on Ferm	
	I.	INSTITUTION LA	tham Hospital		Ye g No 🗆	I I	nside City		Yes 🛭 No 🛣
	1	3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month Day	Year
		(Type or print)	SHIRLEY	LE	ee cerl	ACH	DEATH Septe	emb er 16, 1	959
		5. SEX	6. COLOR OR RACE	7. Married		8. DATE OF BIRTH	9. AGE (last birtho	day) IF UNDER 1 YE	
		Female	White	Widowed	Infant -	8/11/1959		Months Days	_{
	ı	10a. USUAL OCCUPATION	(Give kind of work done ng life, even if retired)	10b. KIND OF	BUSINESS OR INDUSTR	Y II. BIRTHPLACE (City and state or coun	itry) 12. CITIZEN O	F WHAT COUNTRY
].	None_Infa	nt	Infant	OVIJERIS MAIDEN MAN	Californa		USA	
	1	13a. FATHER'S NAME		1.	NOTHER'S MAIDEN NAM			OF HUSBAND OR WI	FE
	1.	Clarence G	orlach R IN U.S. ARMED FORCES?		udie Dutche: OCIAL SECURITY NO.	17. INFORMANT	Infa	Address	
	ı	(Yes, no, or unknown) (If	yes, give war or dates of	service)	-				
	₌Į⁻	No None Clarence Gerlach, Jamestown, Mo. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH							
	Ä	Magazia ,							
- 1 1	< .	IMMEDIATE CAUSE (a)							
4 19	3	İ	IMMEDIATE CAUSE (a)	· — J	meun	omé _		_	Conset and DEATH
	DOCUMENT	Conditio				omés			
	Dog	which g	ons, if any, DUE TO (b			o encir			
	0000	which g above stating	ons, if any, DUE TO (blave rise to cause (a), the under-	o)		onie.			
		which g above stating lying c	ons, if any, DUE TO (b) ave rise to cause (a), the under-tause last. DUE TO (c)	c) ONDITIONS CO	menn	'H but not related to	the terminal P/	ART III. If deceased	was female was
		which g above stating lying c	ons, if any, averise to cause (a), the under-ause last. DUE TO (c	c) ONDITIONS CO	menn	H but not related to	the terminal PA	ART III. If deceased there a pregr	was female was nancy in last 90 days.
	MOLLANDER	which g above stating lying c	ons, if any, aver rise to cause (a), the under- ause last. DUE TO (constant of the under- ause last. DUE TO (constant of the under- disease condition given in	ONDITIONS CO	ONTRIBUTING TO DEAT			ART III. If deceased there a pregr	was female was nancy in last 90 days.
	MOLLANDER	which g above stating lying c PART II	ons, if any, DUE TO (b) ave rise to cause (a), the under-tause last. DUE TO (c)	ONDITIONS CO	ONTRIBUTING TO DEAT	H but not related to		ART III. If deceased there a pregr	was female was nancy in last 90 days.
	CEDTIEICATION	which ge above stating lying c PART II	ons, if any, ave rise to cause (a), the under-tause (ast.) DUE TO (c disease condition given in the under-tause (ast.) DUE TO (c disease condition given in the under-tause (ast.)	ONDITIONS CO	ONTRIBUTING TO DEAT			ART III. If deceased there a pregr	was female was nancy in last 90 days.
	CALCEDING	PART II 19. WAS AUTOPSY PERFORMED? YES NO TO 20c. TIME OF Houte	ons, if any, aver rise to cause (a), the under-tause (ast.) DUE TO (consecution of the under-tause (ast.))	ONDITIONS CO	ONTRIBUTING TO DEAT			ART III. If deceased there a pregr	was female was nancy in last 90 days.
	CEDTIEICATION	PART II 19. WAS AUTOPSY PERFORMED? YES NO W 20c. TIME OF Hour INJURY a.m. p.m.	ons, if any, leve rise to cause (a), the under-lause last. DUE TO (c disease condition given in the under-lause last. DUE TO (c disease condition given in the under-lause last. Due TO (c disease condition given in the under-lause last. Due TO (c disease condition given in the under-lause last last last last last last last last	c)	ONTRIBUTING TO DEAT 20b. DESCRIBE HOT	W INJURY OCCURRED.	(Enter nature of inju	ART III. If deceased there a pregr	was female was nancy in last 90 days. No Unknown II of item 18.}
	CALCEDING	PART II 19. WAS AUTOPSY PERFORMED? YES NO W 20c. TIME OF Hour INJURY a.m. p.m.	ons, if any, leve rise to cause (a), the under-lause last. DUE TO (c disease condition given in the under-lause last. DUE TO (c disease condition given in the under-lause last. Due TO (c disease condition given in the under-lause last. Due TO (c disease condition given in the under-lause last last last last last last last last	ONDITIONS CO	ONTRIBUTING TO DEAT		(Enter nature of inju	ART III. If deceased there a pregr	was female was nancy in last 90 days.
	CALCEDING	19. WAS AUTOPSY PERFORMED? YES NO W 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRI WHILE AT WORK NOT WHILE AT WORK	DUE TO (but and the property of the property o	ONDITIONS CO	20b. DESCRIBE HOT	W INJURY OCCURRED.	(Enter nature of inju	ART III. If deceased there a pregr	was female was nancy in last 90 days. No Unknown II of item 18.}
	CALCEDING	19. WAS AUTOPSY PERFORMED? YES NO WILL AT WORK NOT WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE WHILE WHILE WORK NOT WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE WHILE WORK NOT WHILE WOR	DUE TO (b) lave rise to cause (a), the under- lause last. DUE TO (c) OTHER SIGNIFICANT C' disease condition given i 20a. ACCIDENT SUICIDI Month, Day, Year ED 20e. PLACE farm, f	ONDITIONS CO	20b. DESCRIBE HOTELS, in or about home, fifice bidg., etc.)	W INJURY OCCURRED. 20f. CITY, TOWN, OR	(Enter nature of inju	ART III. If deceased there a program of the program	was female was nancy in last 90 days. No Unknown II of item 18.)
	MEDICAL CEDITEICATION	19. WAS AUTOPSY PERFORMED? YES NO TO 20c. TIME OF Hout INJURY a.m., p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE WHIL	ons, if any, lave rise to cause (a), the underlause last. DUE TO (conservation of the underlause last.) Due TO (conservation of	ONDITIONS CO	20b. DESCRIBE HOTELS, in or about home, fifice bidg., etc.)	W INJURY OCCURRED. 20f. CITY, TOWN, OR 20f. and 20f. date stated above, a	(Enter nature of inju	ART III. If deceased there a program of the program	was female was nancy in last 90 days. No Unknown II of item 18.)
	OF MEDICAL CENTERCATION	19. WAS AUTOPSY PERFORMED? YES NO WILL AT WORK NOT WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE WHILE WHILE WORK NOT WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE WHILE WORK NOT WHILE WOR	ons, if any, lave rise to cause (a), the underlause last. DUE TO (conservation of the underlause last.) Due TO (conservation of	ONDITIONS CO	20b. DESCRIBE HOTELS, in or about home, fifice bidg., etc.)	W INJURY OCCURRED. 20f. CITY, TOWN, OR	(Enter nature of inju	ART III. If deceased there a program of the program	was female was nancy in last 90 days. No Unknown II of item 18.)
	OF MEDICAL CENTERCATION	19. WAS AUTOPSY PERFORMED? YES NO TO 20c. TIME OF Hour INJURY a.m. P.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT	ons, if any, lave rise to cause (a), the under-lause (ast.) OTHER SIGNIFICANT Condition of the under-lause last.	ONDITIONS CO	20b. DESCRIBE HOT 20b. DESCRIBE HOT 2, in or about home, fifice bldg., etc.) 7, to 9-/ 7 m on th	20f. CITY, TOWN, OR 6 - 5 - 5 and 6 date stated above, a 22b. ADDRESS	LOCATION Location Location Location Location Location	COUNTY COUNTY knowledge, from the	was female was lancy in last 90 days. No Unknown II of item 18.} STATE Causes stated. 22c. DATE SIGNED 9-11-15
	OF MEDICAL CENTERCATION	which g above stating lying c PART II 19. WAS AUTOPSY PERFORMED? YES NO W 20c. TIME OF Hour INJURY OCCURRING WHILE AT WORK NOT WHILE AT	ons, if any, lave rise to cause (a), the under-lause (ast.) OTHER SIGNIFICANT Condition of the under-lause last.	ONDITIONS COIN PART I (a) E HOMICIDE OF INJURY (e.gactory, street, o	20b. DESCRIBE HOTE 20b. DESCRIBE HOTE 3. In or about home, fifice bidg., etc.) 3. In on the second many that th	W INJURY OCCURRED. 20f. CITY, TOWN, OR 20f. CITY, TOWN, OR 20f. ADDRESS MATORY 22b. ADDRESS	LOCATION Locati	COUNTY COUNTY knowledge, from the	was female was nancy in last 90 days. No Unknown II of item 18.)
	AFFIDAVII OF	19. WAS AUTOPSY PERFORMED? YES NO VINJURY OCCURRING WHILE AT WORK NOT WHILE AT WORK	DUE TO (be read of the underdays (a), aver fise to cause (a), the underdays (a). OTHER SIGNIFICANT Condition given it is a condition given given it is a condition given it is a condition given it i	ONDITIONS CO IN PART I (a) E HOMICIDE OF INJURY (e. c, factory, street, o	20b. DESCRIBE HOT 20b. DESCRIBE HOT 3., in or about home, iffice bidg., etc.) 7. to 9-7 7. to 9-7 8. In on the control of	20f. CITY, TOWN, OR 20f. CITY, TOWN, OR 20f. ADDRESS MATORY 22b. ADDRESS	LOCATION Locati	COUNTY COUNTY COUNTY COUNTY	was female was lancy in last 90 days. No Unknown II of item 18.} STATE Causes stated. 22c. DATE SIGNED 9-11-15
	AFFIDAVII OF	19. WAS AUTOPSY PERFORMED? YES NO VINJURY OCCURRING WHILE AT WORK NOT WHILE AT WORK	DUE TO (base rise to cause (a), the under-tause (a), the under-tause (ast.) OTHER SIGNIFICANT Confidence of the under-tause (ast.) OTHER SIGNIFICANT Confidence of the under-tause (ast.) DUE TO (base of the under-tause (ast.) DUE TO (base of the under-tause (ast.) DUE TO (base of the under-tause (ast.) ACCIDENT SUICIDI Month, Day, Year DUE TO (base of the under-tause (ast.) ACCIDENT SUICIDI ON TO (base of the under-tause (ast.) OTHER SIGNIFICANT CONTROL (ast.) DUE TO (base of the under-tause (ast.) DUE TO (base of the under-tause (ast.) OTHER SIGNIFICANT CONTROL (ast.) DUE TO (base of the under-tause (ast.) DUE TO (cause (ast.)) DUE TO (base of the under-tause (ast.)) DUE TO (cause (ast.)) DUE TO (cause (ast.)) OTHER SIGNIFICANT CONTROL (ast.) OTHER SIGNIFIC	ONDITIONS CO IN PART I (a) E HOMICIDE OF INJURY (e. c, factory, street, o	20b. DESCRIBE HOT 20b. DESCRIBE HOT 3., in or about home, iffice bidg., etc.) 7. to 9-7 7. to 9-7 8. In on the control of	W INJURY OCCURRED. 20f. CITY, TOWN, OR 20f. CITY, TOWN, OR 20f. ADDRESS MATORY 22b. ADDRESS	LOCATION Locati	COUNTY COUNTY COUNTY COUNTY COUNTY	was female was lancy in last 90 days. No Unknown II of item 18.} STATE Causes stated. 22c. DATE SIGNED 9-11-15

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com-

or by	, Student Embalmer No
working under my personal supervision.	Signed Langell C. Mile
Student	Signed Milion Comments
Signature of Student Embalmer	4000
	Licensed Embalmer No
	alle

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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