| FILED MAR 2 1 1957 STANDARD CERTIFICATE OF DEATH Registroiron District No. 3 4 Primary Registroiron District No. 3 4 Service Files Number of Colory of Color of Col | | | | | | THE DIVISION OF HEALTH OF MISSOURI | | | | 0454 | |
|--|---------------------------------------|-----------------------------------|---|---|---|---|--------------------------|--|----------------------------|-----------------------------|-------------|
| Primary Registration District No. 30.6 Registration District No. 30.6 Registration No. 30.6 Re | Health, | FILED MAR 21 1957 STANDARD CERTIF | | | | | CATE OF DEATH | TO ELL E NUMBER | | | |
| 1. PLACE OF DEATH COUNTY STATE ST | | r e | 194/ | | | | | | | | |
| Description | Service | | Ī. | <i>V</i> 1 . 4 | | | II — Administration | | | | |
| HOSPITALOR SALE AND PRINT INSTITUTION SALE AND P | | | | OR O | de corporate limits, give | | . / | OR / | lejamis | | |
| DECEASED (Type or print) (Type or prin | ¥ . | | | HOSPITAL OF | OF (If 10) inhospital, g | ive location) Length of | stay in 1b | | (If outside, g | | • |
| The country Market Michael Mover Mov | listed. al caus | | ı | DECEASED | MARY | ELIZ | ABE | TH DUNG | AN DEATH 9 | Feb 26 1957 | • |
| 10. SURAL GECLEPATION (Gibe kind of work dame and of working life, even if retired) 10. KIND OF BUSINESS OR INDUSTRY 11. MOTHER'S MANDEN NAME 11. | a to | | 5. | SEX | 6. COLOR OR RACE | 7. MARRIED NEVER | MARRIED 🗆 | 8. DATE OF BIRTH | last birthday | Months Days Hours Min. | |
| 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME 15. WAS DECEASE FUER IN U.S. ARMYD FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADDITION 18. A | = 5 | | V | remale | White | | | | | 12 CITIZEN OF WHAT CONNEDY? | _ |
| 13. FATHER'S NAME 15. WAS DECEASED VER IN U.S. AND FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 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). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. PART I. DEATH WAS CAUSED BY: 19. CONDITIONS, if only, which pair rise to obove cause (a). 19. CONDITIONS, if only, which pair rise to obove cause (b). 19. CONDITIONS, if only, which pair rise to obove cause (b). 19. WAS AUTOPSY PERFORMED 2 TO (c). 19. WAS AUTOPSY PERFORMED 2 TO (c). 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 20. AUTOPSY PERFORMED 2 TO (c). 20. INJURY OCCURRED AT WAS CAUSED BY: 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 20. THE CONTROL OF THE OFT WHILE AT INJURY OFT WHILE AT INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 20. THE CONTROL OFT WHILE AT INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 20. THE CONTROL OFT WHILE AT INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 21. JULY AT INJURY OCCURRED AT INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 220. THE CONTROL OFT WHILE AT INJURY OCCURRED. (Enter nature of injury in Part I or Part II of litem 18.) 221. JULY AT INJURY OCCURRED. (IN | 2 2 | ш. | 1100 | i. USUAL OCCUPATIO during most of wo | n (Gwe kind of work done rking life, even if retired) | 4 | RINDUSTRT | 11. BIRTOPLACE (City an | 0 4 4 | ۔ مصاد | |
| 15. WAS DECEASED FUER IN U.S. AND DECEASE (FUER IN U.S. AND DECEASE (F | | ם | 13 | FATHER'S NAME | wef | no. | | 14. MOTHER'S MAIDEN N | | • | — |
| 15. WAS DECEASED FUER IN U.S. AND DECEASE (FUER IN U.S. AND DECEASE (F | Syn ded | oss | " | Here | 4 | • | 1 | 10 + The | - | | |
| Second Conditions Conditi | ž°. | | | | R IN U.S. ARMOD FORCE | 16. SOCIAL SE | CURITY NO. | 17. INFORMANT | Ad | idress | _ |
| PART I. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (a) 1 | حد∞ | _ | ľ | 7.4 | (1) were vive water dates often | | 20. | Mes Walter | Reichel | California Ms | , _ |
| Conditions, if any, which gave rise to above cause (3), starting the underly which gave rise to above cause (3), starting the underly grant of the underly g | item l | BBON TYP | Γ | | TH WAS CAUSED BY: | se per line for (a), (b), ar | id (c).] | 16 mm | 200 | ONSET AND DEATH | |
| DE GO BR & Control of the service (a), stating the under the part is to the service (a), stating the under the part is to the service (a), stating the under the part is to the service (a), stating the under the part is to the service (a), stating the under the part is to the | i e | | 1 | IMMEDIATE CAUSE (d) | | | | | | | |
| about cause (a), and all states (b) and all states (a). By B | ‡ 2 | | | Conditions, | if any.) DUE TO (b) _ | art | enve | larging | | 1-4 year | _ |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) PROFESSION OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(a) PROFESSION OF THE TERMINAL DISEASE CONDITION GIVEN II.(a) PROFESSION | nenclo | | | above caus | e (a), '} = 4 | | • | en e | • • • • | | |
| 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20. TIME OF. Hour Month, Day, Year | و م | <u> </u> | ĮŠ | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) | | | | | | | |
| 20c. TIME OF. Hour Month, Day, Year Solution Document Document | ted a | Y BLACK INK | | | | | | | | | _ |
| 20c. TIME OF. Hour Month, Day, Year p.m. 20d. INJURY a.m. p.m. 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT NOT WHILE AT WORK 21. I attended the deceased from 2-9-57, to 2-26-57 Death occurred at 10:10 22e. MANE OF CEMETERY OR CREMATORY 23a. BURJAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURJAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. FUNERAL DIRECTOR ADDRESS 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE 156-63 24. FUNERAL DIRECTOR ADDRESS 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE 26. JEGISTRAR'S SIGNATURE 27. JURIS ADDRESS 28. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE 29. JURIS ADDRESS 20. STATE 20. COUNTY STATE Callfornia When the alive on 2-26-57 Death occurred at 10:10 27. DATE SIGNATURE 28. JURIS ADDRESS 29. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE 29. JURIS ADDRESS 20. STATE COUNTY STATE COUNTY STATE Callfornia When the alive on 2-26-57 ADDRESS 20. DATE SIGNATURE 20. JURIS ADDRESS 20. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE 20. JURIS ADDRESS 21. JURIS ADDRESS 22. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE 24. JURIS ADDRESS 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE | r stanc ly relo | | CERTIFI | _ | | 206, DESCRIBE HOW INJ | URY OCCURR | D. (Enter nature of inf | ury in Part I or Part II o | of item 18.) | |
| WHILE AT WORK Jarm, factory, street, office bldg., etc.) California Wenten Me Work AT WORK Jarm, factory, street, office bldg., etc.) California Wenten Me 21. I attended the deceased from 2 - 9 - 57 to 2 - 26 - 57 Death occurred at 10:10 | se onl casuat | | DICAL | I NJURY C. | m. | | | 4···! | • | <u> </u> | |
| Death occurred at 10:10 A. mon the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or yili) 23a. BUJAL. CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown. or county) (State) 24. FUNERAL DIRECTOR ADDRESS 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAR S. SIGNATURE (16-7) Augh E Williams Palifornia Mo. 2-28-57 Application Mo. 2-28-57 | must u ust be | | 🖫 | WHILE AT N | OT WHILE 🗂 farm | E OF INJURY (e.g., in or, factory, street, office bld | ahout home, g., etc.) | 201, CITY, TOWN, OR L | orma M | | |
| Death occurred at 10:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Chegree or lyte W. D. 22b. ADDRESS 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. LOCATION (City, town, or county) (State) 23a. Burglat., CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 24. FUNERAL DIRECTOR ADDRESS 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAN'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAN'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAN'S SIGNATURE 26. JEGISTRAN'S SI | . ij ∈ | | | 21. I attended t | he deceased from | 2-9-57 | , to | 2-26-57 | _and last saw her | live on 2-26-57 | |
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| 13. June 1 2-28-1957 Minion Centery California Rund Mo. 2-28-57 Hugh EWilliams Polyonia Mo. 2-28-57 H Days of The Company of t | coron | | | 22a. SIGNATURE | RBA | (Degree or syle) | 1. DO | 226. ADDRESS | forme a | 111 | > |
| 7/6-9 Hugh EWilliams Polisonia Mo. 2-28-57 / L Papajage | octor, | | 230 | BUDIAL, CREMATION | 230. DATE 2- 28 - 19. | 23c. NAME OF CEA | METERY OR C | REMATORY 2 | Sel LOCATION (City, town | | |
| Licensed Embalmer's Statement on Reverse Side) | つる | ر ش _{ار} • | 24. FUNERAL DIRECTOR ADDRESS 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE 25. DATE REPO. BY LOCAL REG. 26. JEGISTRAR'S SIGNATURE 27. June 1. | | | | | | | | |
| | • • • • • • • • • • • • • • • • • • • | J. | | The last | | Licensed Embalme | er's Statem | ent on Reverse Side |) | | |

STATEMENT BY LICENSED EMBALMER

MARY I STUDY TO STUDY AND MICH.

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working under my personal supervision..

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Signed Signed Student Embalmer

Licensed Embalmer No. 353

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

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.