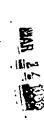
		THE DIVISION OF H	EALTH OF MISSOU	JRI	Property.
FIED FEB 13 1	DE3	STANDARD CERTI	FICATE OF DEA	ATH Sta	te File No
ED FEB 13 1		EG. DIST. NO. 55	PRIMARY REG. DIST.	NO. 30/1 Res	gistrar's No. 12
1. PLACE OF DEA	(TH 0			ENCE (Where deceased	lived. If institution: residence before OUNTY (2110).
b. CITY (If outside so OR TOWN	rpurate limite, write RURA	township) C. LENGTH OI STAY (in this place	c. CITY (If outside act	arrol	The state of the s
d. FULL NAME OF HOSPITAL OR INSTITUTION	If not in hospital or institu Atwood	HOSPITAL	d. STREET ADDRESS	(If rural, give location)	0
3. NAME OF DECEASED (Type of Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month) (Day) (Year)
5, SEX () 6.	COLOR OR MACE 7.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8, DATE OF BIRTH	9. AGE (In sheet birthd)	Months Days WINDER M HES.
10a. USUAL OCCUPATION done during most of works	ON (Give kind of work 10 ng life, even if retired)	b. KIND OF BUSINESS OR IN DUSTRY	11. BIRTHPLACE (State	•	12. CITIZEN OF WHAT COUNTRY?
13a. VATHER'S NAME	Foodson N	13b. MOTHER'S MAIDE		14. NAME OF HUSBA	
15. WAS DECEASED EVE (Yes, no, or unknown) (II	R IN U.S. ARMED FOR		17. INFORMANT'		NAME ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR COND DIRECTLY LEADING	MEDICAL OITION TO DEATH*(a)	CERTIFICATION	Huine	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	ANTECEDENT CAUSE Morbid conditions, if rise to the above cause the underlying cause to	any, giving DUE TO (b)		4222	
ease, injury, or complica- tion which caused death.	II. OTHER SIGNIFICA Conditions contributin	g to the death but not		42~	
19a. DATE OF OPERA- TION	19b. MAJOR FINDING	condition causing death. SS OF OPERATION			20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE		PLACE OF INJURY (e.g., in or about a farm, factory, street, office bldg., etc.		TOWNSHIP) (COUNTY) (STATE)
21d. TIME (Month) OF INJURY	40	21e. INJURY OCCURRED WHILEAT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCURT	
22. I hereby certify alive on		1 - 11	5:30 Pm from t	- 3/, 1953 he causes and on the	, that I last saw the deceased
23a. SIGNATURE	n 4, al	(Degree or title)	236_ADDRESS	· mo.	23c. DATE SIGNED
24a. BURIAL, CREMA TION, REMOVAL (Speaks		24c. NAME OF CEMETE	RY OR CREMATORY	24d. LOCATION (Olty, I	cown, or county) (State)
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGN	hert Calvert	Standley	Libson,	Parrollton Mo
		(Licensed Embalmer's	Statement on Reverse Sic	le)	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	d on the reverse side of this certificate was embalmed by me, or by
orking under my personal supervision.	Signed Den Wilson
Student Embalmer	Licensed Embalmer No. 2 96

P. O. Address

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.