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BIRTH NO. BEC. DIST. NO. DRILLARY BEC. DRILLARY BE	בוונט חרט	0 1056	STANDARD CERTIF	CATE OF DEATH	State File No	
1. PLACE OF LEATH a. COUNTY b. CITY of goods or promise limits, refe RURAL and give TOWN AMABULA C. LENGTH OF TOWN AMABULA C. LENGTH OF TOWN AMABULA C. LENGTH OF C. CITY AMABULA C. CITY C. CITY AMABULA C. CITY C. COLOR C.		8 1953	REG. DIST. NO. 55	PRIMARY DEC ALET MA	_	
D. CITY (21 generals correspond to Unity profile BURNAL and drive to Corresponding STAV (6) Also gasted or Corresponding Gasted Original Stave (6) Also gasted or Corresponding Gasted Original Stave (6) Also gasted original Stave (1. PLACE OF DE	ATH	00	2. USUAL RESIDENC	E (Where deceased lived. If in	stitution: residence befo
TOWN A CHILD MAN OF ILI GO FILE OF ILI GO FOR CONTROLLAR AND CONTR		arro	4	a. STATE YOU	b. COUNTY	augliation
HISTITUTION AND TOTAL TO	TOWN (. a	rollto	RURAL and give c. LENGTH OF STAY (in this place)	c. CITY OR TURAL	d. Is Re a city Yes	widence within limits of y or incorporated town? No
ALD OF COUNTY TO SEE THE COUNTY OF BUSINESS DE IN- 130. FATHER'S NAME 130. MANDED FORCES: 130. MAND DEF BUSINESS DE IN- 130. MAND DEP BUSINESS DE IN- 130. MAND DEF BUSINESS DE IN-	HOSPITAL OR INSTITUTION	If so is books or	institution, give street address or location) Hospital	ADDRESS 3 MI	W. of Boward	MO17
103. USIAL COCUPATION (Circ kind of vort) 104. House of Control (Circ kind of vort) 105. HAND OF BUSINESS DR IN- 11. BISTHPLACE (Capped System or regular Constri) 12. AMD OF BUSINESS DR IN- 13. MOTHER 'S MANDE OF MUSEUMO-OR FIFE 13. MOTHER 'S MANDE OF MUSEUMO-OR FIFE 13. MOTHER 'S MANDE OF MUSEUMO-OR FIFE 13. MOTHER OF MUSEUMO-OR FIFE 14. AMD OF MUSEUMO-OR FIFE 15. WES DECEASED EVER IN U. S. AFMED FORCES! 16. SOCIAL SECURITY TO INFORMANT'S SIGNATURE OR MANE 16. AUSE OF DEATH Enter only one course per inter (co.) (b), and (c) 16. CAUSE OF DEATH Enter only one course per inter (co.) (b), and (c) 17. This does not mean he mode of spring, such a beartificitive, ratherials, inter (co.) (b), and (c) 18. CAUSE OF OF MANDE OF MUSEUMO-OR FIFE 18. SOCIAL SECURITY TO INFORMANT'S SIGNATURE OR MANE 19. MEDICAL CENTIFICATION 10. ON MEDICAL CENTIFICATION 10. MEDICAL CE		a. (First) Aub	ORNE AUSTIN	C. (Last) WINFRE	OF WAS	(Day) (Year) 25 195
13. SOLID COCUPATION (Give bidd of work) The considering many of working life, we will realized the decade of services of working life, we will realized the decade of services of the conditions of the conditio	"Male"	COLOR OF RACE	DEDOWED, DIVORCED (BO) CHEY	0 0	last birthday) Months	
S. WIS DECEASED EVER IN U. S. ARMED FORCES] 15. WIS DECEASED EVER IN U. S. ARMED FORCES] 16. SOCIAL SECURITY 17. INFORMANT'S SIGNAURE OR NAME ADDRESS 18. CAUSE OF DEATH 28. CAUSE OF DEATH 29. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECHNICAL SETURE ANTERIOR OF DEATH ANTERIOR OF DEATH 20. AUTOPSYT 21. Indentifying cause last. 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21. PLACE OF INJURY OR A. In or about 30. TIME 21. If memby certify that I attended the deceased from ACM COUNTY 22. I hereby certify that I attended the deceased from ACM COUNTY 23. AUTOPSYT 24. I hereby certify that I attended the deceased from ACM COUNTY 24. AUTOPSYT 25. INJURY OCCURRED 26. INJURY OCCURRED 27. HOW DID INJURY OCCUR? 18. ACCIDENT 18. ACCIDENT 18. ACCIDENT 18. ACCIDENT 26. INJURY OCCURRED 27. HOW DID INJURY OCCUR? 28. DATE SIGNATURE 29. DATE SIGNATURE 20. DATE SIGNATURE 24. NAME OF CEMETERY OF REMATURE 24. DATE SIGNATURE 24. DATE SIGNATURE 24. NAME OF CEMETERY OF REMATURE AND BURIAL CREMA. 26. DATE SIGNATURE 26. MA AUTOPSYT 27. PURERAL DIRECTOR'S SIGNATURE 26. DATE SIGNATURE 27. PURERAL DIRECTOR'S SIGNATURE 28. DATE SIGNATURE 29. DATE SIGNATURE 20. DATE SIGNATURE 20. DATE SIGNATURE 21. AUTOPSYT 21. HOW DID INJURY OCCUR? 22. DATE SIGNATURE 24. NAME OF CEMETERY OF REMATURE 26. DATE SIGNATURE 26. DATE SIGNATURE 27. PURERAL DIRECTOR'S SIGNATURE 28. DATE SIGNATURE 29. PURERAL DIRECTOR'S SIGNATURE 20. DATE SIGNATURE 20. DATE SIGNATURE 21. DATE SIGNATURE 22. DATE SIGNATURE 24. DATE SIGNATURE 24. DATE SIGNATURE 25. DATE SIGNATURE 26. DATE SIGNATURE 26. DATE SIGNATURE 27. DATE SIGNATURE 28. DATE SIGNATURE 29. PURERAL DIRECTOR'S SIGNATURE 29. DATE SIGNA	done during most of works	ng Uie, even if retired)		11. BETHPLACE (GIAN AND		12. CITIZEN OF WHA
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DUE TO (b) DIRECTLY LEADING TO DEATH* (a) DUE TO (c) D	3a. FATHER'S NAME	nheu	13b. MOTHER'S MAIDEN	/ U	NAME OF MUSEAND OR WIF	Was box
Enter only one obuse per ine for (a), (b), and (c) "This does not meen the desert causes in the most of dying, such a heart follows, atthents, the above cause (a) stating to the does contributing to the death but not related to the disease or condition couring death. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS One Tion 12. DATE OF OPERA- TION 13b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 13c. ACCIDENT SUICIDE 14. ACCIDENT SUICIDE 15c. Monthly (Day) (Year) (Hour) 16d. TIME (Month) (Day) (Year) (Hour) 21 Intereby certify that I attended the deceased from And All Mulker (Degree or title) 72b. Appress 15c. DATE SIGNIFICANT CONDITIONS (Degree or title) 72b. Appress 16d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WILLIAM (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WILLIAM (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WILLIAM (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WILLIAM (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WILLIAM (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WILLIAM (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WILLIAM (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WILLIAM (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Month) (Day) (Year) (Hour) (NOT WHILE) 1. The decease and on the date stated above. 16d. TIME (Not While) 1. The decea				7. INFORMANT'S SI	CHATURE OR NAME	Appress
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) In the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Outditions contributing to the death but not related to the disease or condition causing death. Pa. DATE OF OPERA. TION 19. MAJOR FINDINGS OF OPERATION TION 19. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (a.g., to or above) 10c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. HOW DID INJURY OCCUR? 10d. TIME 10d. TIM	Enter only one cause per	I. DISEASE OR O	CONDITION MEDICAL C	ENTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
related to the disease or condition crusting death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES NO 21a. ACCIDENT SUICIDE SU	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.	Morbid condition rise to the above the underlying co	ns, if any, giving DUE TO (b) cause (a) stating sure last. DUE TO (c) IFICANT CONDITIONS	Truffe	ing	6 m
TION County Coun	9a. DATE OF OPERA-	related to the dise	use or condition causing death.			20. AUTOPSY7
HOMICIDE 10. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 10. Thereby certify that I attended the deceased from Active 25, 195 to Active 25, 195 that I last saw the decease alive on 100 3 3, 194 3, and that death occurred at 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					4222	YES NO
OF INJURY B. WHILE AT WORK AT WORK 2. I hereby certify that I attended the deceased from Man. 25, 1953 to Man. 1953 that I last saw the decease alive on Man. 31, 1943, and that death occurred at 2, 25m., from the causes and on the date stated above. 32. ENGNATORE (Degree or title) 23b. ADTRESS 23c. DATE SIGNE 45. BURIAL CREMA: 24b. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (Ony town, or county)	SUICIDE HOMICIDE	(Specify)		21c. (CITY, TOWN, OR TOWN	SHIP) (COUNTY)	(STATE)
alive on 100 3-1, 1943, and that death occurred at 2, 25m., from the causes and on the date stated above. 3a, EGNATORE (Degree or title) 23b. ADDRESS 4a. BURIAL CREMA: 24b. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (Oby town, or country) (Sector Country) 24d. LOCATION (Oby town, or country)	OF	(Day) (Year)	WHILE AT NOT WHILE	211. HOW DID INJURY OCCU	R?	·
As BURIAL CREMA. 24b, DATE 24c, NAME OF CEMETER YOR CREMATORY 24d LOCATION (Oliv. town, or county) (Pater REC'D BY LOCAL REGISTRAR'S SIGNATURE 45 - 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS (M. 27/57) 25 FUNERAL DIRECTOR'S (M. 27/57) 25 FUNERAL DIRECTOR'S (M. 27/		hat I attended				
As. BURIAL. CREMA: 24b. DATE 24c. NAME OF CEMETERY OF CREMATORY 24d LOCATION (City town, or country) (Section Removal (Bosolet) (1-27-53) OK HILL CAN DIRECTOR'S SIGNATURE 45-5 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MANUAL PROPERTY CALVERY STEEL DIRECTOR'S SIGNATURE ADDRESS MANUAL CALVERY STEEL STE		194		And Sh., from the cau	ses and on the date state	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 45-0 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAN ALERSAN CALVERY STANDERS SIGNATURE ADDRESS MAN ALERSAN CONTROLLED STANDERS SIGNATURE ADDRESS MAN ALERSAN CONTROLLED STANDERS SIGNATURE ADDRESS MAN ALERSAN CONTROLLED STANDERS SIGNATURE CALVERY SIGNATURE CAL	AR. BURTAL, CREMA		24c. NAME OF CENTER	Parroll	CATION (Ofly town, or cour	May 2/
11/27/53 Mrs Derbert Calver Standley Gibson, arrollon	DATE REC'D BY LOCAL	11 -27 -		25 FUNERAL DIRECTOR'S	MOCHON AS	OPESS OF
	11/27/53	mrs N	erhert Calvert	Standley Sib	son arrol	lon M.

STATEMENT BY LICENSED EMBALMER

working under my personal supervision..

Signature of Student Embelmer

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...., Student Embaimer No.....

a di

Licensed Embalmer No.

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

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

of this body is not embalmed, fact should be so stated above.