1. PLACE OF DEATH a. COUNTY Ray  b. CITY (if outside corporate limits, write RURAL and give township) COR TOWN Richmond  d. FULL NAME OF (if not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION Penny Rest Home  3. NAME OF a. (First) DECEASED (Type or Print) Lena  5. SEX 6. COLOR OR RACE White Widow Sarah E. Blaine  2. USUAL RESIDENCE (Where decoased lived. a. STATE MO.  C. CITY OR TOWN Orrick  6. COLOR OR RACE Wipower, Divorced (Specify) Widow Widow Widow Widow Widow Widow Sarah E. Blaine Henry C. Leake  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, or unknown) III yea, give war or dates of secretor) NO.	If institution: residence before admission).  Ray  I. la Residence within limits of a city of incorporated fown?  Yes 0 890  Inth) (Day) (Year)  19 1955  UNDER I YEAR F CHOCK M HES. Outlas Days Hours Min.  12. CITIZENOF WHAT COUNTRY?  USA
1. PLACE OF DEATH a. COUNTY  Ray  b. CITY (If octaide corporate limits, write RURAL and give township)  DR TOWN  Richmond  G. FULL NAME OF (If not in benytial or institution, give street address or location)  HOSPITAL OR  INSTITUTION  Penny Rest Home  DECEASED  (Type or Print)  Lena  6. COLOR OR RACE  White  White  10a. USUAL OCCUPATION (Give kind of work doops during most of working life, even if retired)  HOS. USUAL OCCUPATION (Give kind of work doops during most of working life, even if retired)  Female  William Wilhelm  Sarah E. Blaine  T. INFORMANT'S SIGNATURE OR NAME  William Wilhelm  Sarah E. Blaine  MEDICAL CERTIFICATION  II. SIGNATURE OR NAME  ANTECEDENT CAUSES  MEDICAL CERTIFICATION  DISEASE OR CONDITION  The condition of	If institution: residence before admission.  Ray  In Residence within limits of a city of incorporated fown:  Vest   O S 9 C    Inth) (Day) (Year)  19 1955  UNDER I YEAR   F UNDER M MES. ONTHE Days   Hours   Min.  12. CITIZENOF WHAT COUNTRY?  USA  PIFE  ADDRESS  ichmond Mo
1. PLACE OF DEATH a. COUNTY Ray b. CITY (if contained corporate limits, write RURAL and give forwardship) DITAY (in this piece) TOWN Richmond G. FUIL NAME OF GI not in beepital or institution, stres street address or location) HCSPITAL OR Penny Rest Home  3. NAME OF DECEASED (Type or Print) Lona 5. SEX [6. COLOR OR RACE Wildow) White  10a. USUAL OCCUPATION (Chreakind of work done during most of working life, were life veices) HOUSE excepted William Wilhelm  Sarah E. Blaine  13b. MOTHER'S MANE William Wilhelm  Sarah E. Blaine  14. NAME OF HUSBAND' OF SARAME Sarah E. Blaine  15. CALEST Mo.  2. USUAL RESIDENCE (Wibere decoesed lived. a. STATE Mo.  C. CITY OR TOWN O'R' O'R TOWN O'R'	RAY  I. Is Residence within limits of a city of incorporated fown?  Per Contact No.   1987   1987   1988   1985   1985   1988
D. CITY (If outside corporate limits, write RURAL and give township) STAY in this piece TOWN Richmond  G. FUILL NAME OF HOSPITAL OR Penny Rest Home  3. NAME OF DECEASED (If rural give location)  5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW   8. DATE OF BIRTH   9. AGE (In years) MIDUSTRY  10a. USUAL OCCUPATION (Circ kind of work dome during most of working life, even if routed)  13a. FATHER'S NAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OF NO. or unknown) (If rue, sire war or dates of service)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yen, Do. or unknown) (If rue, sire war or dates of service)  16. CALSE OF DEATH Enter only one cause per line for (a), (b), and (c)  **This does not mean the mode of dying, such as theat follows, as the mode of dying, such as the attraction, if any, giving focuse last.  DUE TO (b)  DUE TO (c)  DUE TO (c)  **COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   8. DATE OF BIRTH   9. AGE (In years) IN Leake   9. AGE (In years) IN Leake	Ray  La Residence within limits of a city of photoperated lown?    Second   Part   Par
d. Full NAME OF (if sot is bospital or institution, give street address or location) HOSPITAL OR Penny Rest Home  3. NAME OF DECEASED (Type or Print) Lens 5. SEX 6. COLOR OR RACE White White 10a. SUSUAL OCCUPATION (Give kind of work) done during must of working life, even if retired) HOUS eke eper 13a. FATHER'S NAME William Wilhelm Sarah E. Blaine 15. MASD DECEASED EVER IN U. S. ARMED FORCES? (Type or unknown) 16. COLOR OR RACE William Wilhelm Sarah E. Blaine 17. INFORMANT'S SIGNATURE OR NAME William Wilhelm Sarah E. Blaine 17. INFORMANT'S SIGNATURE OR NAME Manilla O'Dell R. CAUSE OF DEATH Enter only one counspoper line for (a), (b), and (c)  "This does not means the discase, injury, or complication which coused death. II. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  DUE TO (c)  "The means the discase, injury, or complication which coused death. II. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  "The means the discase, injury, or complication which coused death. III. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  DUE TO (c)  "This conditions, if any, giving DUE TO (b)  DUE TO (c)  DUE TO (c)  "This conditions, if any, giving DUE TO (b)  TOWN Orrick  STREET  ADDRESS  (If rural, give location)  ADDRESS  (III and Class)  C. (Last)  ADATE (Modelle)  C. (Last)  ADATE (ADATE (ADATE (ADATE)  ADATE (ADATE	In Residence within limits of a city of incorporated town?    OSGO   OSG
d. FULL NAME OF (if not in bergital or institution, give street address or location)    ADDRESS   Content	19 1955    Under   YEAR   F Under M H25.     Ontha   Days   Hours   Min.     12. CITIZENOF WHAT COUNTRY?   USA     WIFE   ADDRESS     ichmond   Moo
3. NAME OF DECEASED (First)  b. (Middle)  c. (Last)  do of OF OF Print)  c. (Last)  do of	19 1955    Under   YEAR   F Under M H25.     Ontha   Days   Hours   Min.     12. CITIZENOF WHAT COUNTRY?   USA     WIFE   ADDRESS     ichmond   Moo
5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Bpectify)   9. AGE (In years)   10a. USUAL OCCUPATION (Girekind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (City and State or Foreign Country Saline Country   12	19 1955    Under   YEAR   F Under M H25.     Ontha   Days   Hours   Min.     12. CITIZENOF WHAT COUNTRY?   USA     WIFE   ADDRESS     ichmond   Moo
5. SEX    6. COLOR OR RACE   White   White   Wildow   Wil	DAYS HOURS WHEEL COUNTRY?  USA  ADDRESS  ICHMOND MO  INTERVAL BETWEEN
Wildow Widow Widow Widow Widow Widow Widow Widow Widow Feb. 18, 1836  Teb. 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,	Days Hours Mis.  12. CITIZENOF WHAT COUNTRY? USA  PIFE  ADDRESS ichmond Mos
HOUS ekeeper  Saline County  Saline County  Saline County  Saline County  Saline County  Saline County  Id. NAME of HUSBAND'OF  William Wilhelm  Sarah E. Blaine  Henry C. Leake  Sarah E. Blaine  Wan Do. or unknown)  Manilla O'Dell  Rester only one course per interest only one course per interest of driving, such as fearl fallure, asthenia, it. It means the diage, injury, or complication which caused death.  DUSTRY  Saline County  Saline County  Id. NAME of HUSBAND'OF  Sarah E. Blaine  Henry C. Leake  Sarah E. Blaine  Henry C. Leake  Tr. informant's Signature or NAME  Manilla O'Dell  Restriction  MEDICAL CERTIFICATION  DISEASE OR CONDITION  DISEASE OR CONDITION  DUE TO (b)  This does not mean the diagram, injury, or complication file to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS	USA  R PIFE  ADDRESS  ichmond, Mo.
3a. FATHER'S NAME  William Wilhelm  Sarah E. Blaine  Henry C. Leake  Social Security NO.  Manilla O'Dell  R. CAUSE OF DEATH Enter only conscussoper ine for (a), (b), and (c)  "This does not mean he mode of dying, such is hearly fallure, asthenia, ite. It means the distanting for my disch caused death.  I. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND'OF  Sarah E. Blaine  Henry C. Leake  17. INFORMANT'S SIGNATURE OR NAME  MEDICAL CERTIFICATION  II. DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*(a)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  The mode of dying, such interest to the above cause (s) stating the underlying cause last.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS	ADDRESS ichmond, Mo
William Wilhelm Sarah E. Blaine Henry C. Leake  5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Manilla O'Dell R  8. CAUSE OF DEATH Enter only one course per Interior (a), (b), and (c)  *This does not mean the mode of dying, such a hear fallure, sathenia, ic. It means the discuss, injury, or compilior loss of the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Barah E. Blaine Henry C. Leake  Henry C. Leake  Menry C. Leake  Henry C. Leake  Menry C. Leake  It. Informant's SIGNATURE OR NAME  Manilla O'Dell R  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*  (a)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  The underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS	ADDRESS ichmond, Mo.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. MAINT'S SIGNATURE OR NAME NO. NO. MAINT'S SIGNATURE OR NAME NAME NAME OF DEATH COLOR OF DEATH COLOR OF DEATH COLOR OF DEATH COLOR OF DEATH (a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH" (a) ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) ANTECEDENT CAUSES  Morbid conditions, if any, giving the inderlying cause last.  DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS	ichmond, Mo.
NO. Manilla O'Dell  R. CAUSE OF DEATH Enter only one course per ime for (a), (b), and (c)  "This does not mean he mode of sying, such the heart fallure, esthesia, ic. It means the dis- time, injury, or compilion- tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  NO. Manilla O'Dell  R  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*(a)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS	ichmond, Mo.
8. CAUSE OF DEATH Enter only one cause per ine for (a), (b), and (c)  *This does not mean he mode of dying, such as heart fallure, asthenia, it. It means the diacase, injury, or complication which caused death.  DUE TO (c)  11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)  *MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  DUE TO (b)  *Tallure, asthenia, the diacase, injury, or complication which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS	- I INTERVAL BETWEEN
	\$ - 3
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 443	20. AUTOPSY?
21a. ACCIDENT (Bosetty) SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., in or about bome, farm, fastory, street, office bidg., etc.)	(STATE)
21d. TIME (Mosth) (Day) (Your) (Hoss) (Hoss) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 12, 1955, to 1955, to 1955, that alive on 16, 1911, and that death scourred at 1:30 Am., from the causes and on the date	stated above.
Harry K. Luffith Q Zy. O. Leskurd Zu	23c. DATE SIGNED
24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, of the company)  Burial 1-20- 1955 South Point Cemetery Orrick, Mo.	1 7 2 3 4
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 273 25. FUNERAL DIRECTOR'S SIGNATURE	r county) (State)
Yan 21- 1955 malul ruckson O B. W. Good Orrice	r county) (State)
(Licensed Embelmer's Statement on Reverse Side)	ADDRESS

## STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision..

Signed Value Parley

Signature of Student Embalmer

Signature of Student Embalmer

Licensed Embalmer No. 43

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.