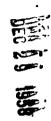
. 300 F			. THE DIVISION OF HE			41681					
.48	FILED DEC	20 <b>1955</b>	STANDARD CERTIF		State File No						
	BIRTH NO		_ REG. DIST. NO. <u>297</u>	PRIMARY REG. DIST. NO. 4	448 Registrar's No	84					
	1. PLACE OF DEA			a. STATE MIAARA	(Where deceased lived. If inst	titution: residence before admission).					
	b. CITY (If outside cos OR TOWN	Ograto limito, write I	tural and give township) C. LENGTH OF STAY (In this place 86 400	c. CITY (If outside corporate limit OR TOWN		c.40					
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION			d. STREET (If russ ADDRESS	i, give location)	0 " 0					
33	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)					
F	(Type or Print)	ETTLE	<u> ANN</u>	LEBOLD	DEATH LLEC	12 1955					
ANER	Female 16.	color or race	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8pedis)	May 23 1869	9, AGE (In years) IF UNDER Months						
PERMANENT	10a. USUAL OCCUPATIO done during most of working		10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (City and St.	nte or Foreign Country) (	12. CITIZEN OF WHAT COUNTRY?					
∢	13a. FATHER'S NAME	ishtan	13b. MOTHER'S MAIDEN	Standford 14. N	AME OF HUSBAND OR WIF	E					
MAKE		R IN U.S. ARMED	cf service) \ \( \mathcal{I} \) NO.	17. INFORMANT'S SIG	NATURE OR NAME	ADDRESS					
*	no	710	none	1 1. 1. dehald	. sow	INTERVAL BETWEEN					
INK	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)										
BLACK	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	ANTECEDENT C Morbid condition rise to the above of the underlying ca	s, if any, giving DUE TO (b) The rause (a) stating use last.  DUE TO (c)	tastilia Ba fr	om Gladder	5 yrs					
DING	tion which caused death.		FICANT CONDITIONS buting to the death but not use or condition causing death.	· · · · -	181X						
UNFADING	19a: DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY1					
USING	21a. ACCIDENT SUICIDE HOMICIDE	(Bpecify)	21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)		(IP) COUNTY)	(STATE)					
]	21d. TIME (Month) OF INJURY	(50) (111)	(Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	217. YOW DID INJURY OCCUR	<i>f</i>	<u> </u>					
PLAINLY	22. I hereby certify that I attended the deceased from										
11	23a. SIGNATURE	57B	wehrer M.D.	Jawson	Mo.	230. DATE SIGNED 12/3/33					
WRITE	24a. BURTAL, CREMA TION, REMOVAL (Breedly	246. DATE	24c. NAME OF CEMETE	$O A \vdash \mathcal{Y}$	CATION (City, town, or cour	nty) (State)					
*	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S 81 GHATURE (ADDRESS MALL) PRICE ALL DIRECTOR'S 81 GHATURE (ADDRESS MO)										
<u>[</u>	W 1617-1751	141 200	(Licensed Embelmer's	Statement on Reverse Side)							



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certific	icate v	vas embalm	ed by	me, or by
	5tu	udent	Embalmer	No	

working under my personal supervision.

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

the above constitutes grounds for revocation of license.)

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