MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH Primary Registration District No. 6 120 Registration District No. _Registrar's No. _ DO NOT WRITE ON THIS STUB **AMENDED** 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY Shannon a. STATE b. COUNTY V\$ 300 admission) Shannon AMENDED JJO Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN *Eminence* Eminence 1 Yes 🖟 No 🗆 TOWN c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR **ADDRESS** INSTITUTION HOME Yes No 🗆 Yes 🔲 No 🔟 NAME OF DECEASED Middle Lost 4. DATE First Day Year (Type or print) OF DEATH Breeden ปดไวกมดิกม 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX COLOR OR RACE 7. Married □ Never Married [8. DATE OF BIRTH Months Days Hours Widowed \ Divorced [11. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY Housewife working life, even if retired) Waynesville 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Maru F. Bachlor Danaen WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) Eminence 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). DOCUMENT PART I. DEATH WAS CAUSED BY: CORD IMMEDIATE CAUSE (a) 尚 8 Conditions, if any, DUE TO (b) which pave rise to above cause (a), stating the under-DUE TO (c) lying cause last. Z O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termina PART III, If deceased was female CERTIFICATION disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENT 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? \Box YES | NO | MEDICAL 20c. TIME OF Hou Month, Day, Year RIBBON INJURY a.m. p.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK I *IYPEWRITER* READ 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at ľъ 23c. NAME OF CEMETERY OR CREMATOR 23d, LOCATION (City, town, or county) 23b. DATE AFFIDA ġ REMOVAL (Specify) *Eminence* munence. ITEM uncan Funeral Home Mtn

(Licensed Embalmer's Statement on Reverse Side)

2 days

1966

or by	certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me,
working under n	ny personal supervision.	()
Student		Signed Signed
	Signature of Student Embalmer	
		Licensed Embalmer No. 1325
£4.20,	£4291966 _	P. O. Addres Mt. Cheur Mo
Note: The with the above of the mbaln of this bo	ne above MUST BE SIGNED BY THE constitutes grounds for revocation of li ned by a STUDENT he also shall sign dy is not embalmed, fact should be so	LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply cense): in his OWN handwriting: