MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE STATE FILE NUMBER Primary Registration District No.; Registration District No. \_\_\_\_ DO NOT WRITE AMENDED ON THIS STUB 1. PLACE OF DEATH LED JUN 2 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY a. COUNTY S A AN NO A a. STATE admission) VS 300 AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Length of stay in 1b Inside Limits TOWN TOWN Yes 🗀 No 🔀 NONA c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR d. STREET (If outside, give location) Reside on Farm Inside Limits DATE **ADDRESS** Yes 🔲 No 🕱 INSTITUTION Yes 💢 No 🗌 3. NAME OF DECEASED Middle 4. DATE Month Day Year (Type or print) DEATH 9. AGE (last birthday) IF UNDER 1 YEÁR 6. COLOR OF RACE 7. Married 🗹 5. SEX Never Married □ Widowed □ Divorced [7] 11. BIRTHPLACE (City and state or country) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASON Timber O 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 16. SOCIAL SECURITY NO. 0 (Yes, no, or unknown) [ (If yes, give war or dates of service) 9 420 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN OCUMENT ONSET AND DEATH 10 Mest. RECORD IMMEDIATE CAUSE (a) 11 INSTEAD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female CERTIFICATION disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS ☐ No □ Unknown SUICIDE HOMICIDE 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART II of item 18.) 20a. ACCIDENT 19. WAS AUTOPSY PERFORMED? YES | NO | 20c. TIME OF Hour Month, Day, Year RIBBON INJURY a.m. COUNTY 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION STATE 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK READ **LYPEWRITER** 21. I attended the deceased date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred 22c. DATE SIGNED 22a. SIGNATURE ıġ. 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 23b, DATE Ā Ö REMOVAL (Specify) ITEM 24. FUNERAL DIRECTOR 26. (Licensed Embalmer's Statement

## STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under my per	sonal supervision.	- 100
Student		_ Signed Ene JE Clary
Sign	nature of Student Embalmer	/ •
		Licensed Embalmer No. 5/18
		P. O. Address W. NONA, Mo.

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

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