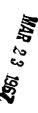
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICA DEPARTMENT OF PUBLIC HEALTH AND Primary Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY Shannon b. COUNTY admission) VS 300 AMENDED Rev. 4/59 c. CITY Inside Limits b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b TOWN I TOWN Yes D No 🔀 INONA d. STREET Reside on Farm c. FULL NAME OF (If NOT in hospital, give location) Inside Limits ш HOSPITAL OR ADDRESS Yes 🔀 No 🗌 Yes □ No 🗷 INSTITUTION NAME OF DECEASED Middle Last 4. DATE (Type or print) 9. AGE (last birthday) IF UNDER T YEAR 8. DATE OF BIRTH 7. Married X Never Married 5. SEX Hours Divorced [12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 13a. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war or dates of service) 200 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN 능 NSTEAD Conditions, if any, DUE TO (b) which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Unknown 20a, ACCIDENT SUICIDE 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? YES | NO | Month, Day, Year 20c, TIME OF Hour INJURY USE BLACK INK 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.) READ *TYPEWRITER* and last saw him alive on. m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred a SHOULD (Degree or title) Q. 22a, SIGNATURE 23a. BURIAL, CREMATION/ REMOVAL (Specify) AFFIDA Š. ITEM 24. FUNERAL DIRECTOR

(Licensed Embalmer's Statement on Reverse



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	0.1
Student	Signed Enest E. Clary
Signature of Student Embalmer	\mathcal{L}
	Licensed Embalmer No. 5/18
	P. O. Address WinowA, 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.