MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE Registration District No. 33 C Primary Registration District No. 6 129 DO NOT WRITE ON THIS STUB AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

VS 300	İ	<u>@</u>	-			a. COUNTY	Shannon			a. STATE	iño.	b. COUNTY	Shanno	งท. ad	dmission)
Rev. 4/59		흿				b. CITY (If outside cor	porate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY			91000000	In	side Limits
		AMENDED				or Town 8mi	nence. Mo.	ł	`-	OR TOWN	Emine	on <i>co</i>		Yes	□ No T
1 10/0	9]	_	c. FULL NAME OF (If N	NOT in hospital, give loca	ition)	Inside Limits	d. STREET		(If cutside,	give location)	Resi	ide on Farm
		DATE			İ	HOSPITAL OR INSTITUTION	ome .		Yes □ Non □	ADDRESS				Yes	- Do D
2/0/0	- / .		++	-		. NAME OF DECEASED	First		Middle	Last		TE AA	onth Da		Year
3					•	(Type or print)	LITSI	α,	midule	Dooley	DEA	F _			
4 0					l —		_Joseph	<u> </u>	rl			SE (last birthday)			1964 UNDER 24 HR
	-				5	. SEX	6. COLOR DR RACE	7. Married Nidowed		8. DATE OF BI	RIH / . A	A (ISST DITTIGES)	Months Da		
5 /	_				-10	ill a. USUAL OCCUPATION ((Give kind of work done	10h KIND OF	BUSINESS OR INDUSTR	14/0/20	CF (City and	41 state or country)	12. CITIZEN	OF WHA	COUNTRY
6	S					dering most of working		TOD: KIND OF	DOSINESS OR INDOSIR	1		_	12. 611.221	, ,	
- //	- N				13	<u>L CIPLOLOCCIPIL</u> a. FATHER'S NAME	ng	13b. M	OTHER'S MAIDEN NAM	لله ال	nber,	NAME OF	HUSBAND OR V	VIFE	
7 0;	등		-		_		Pau	i	lattie Enl						
8,2	S T					<u>harley Doo</u> . was deceased ever			CIAL SECURITY NO.	OC. 17. INFORMAN	T	1	Address		
-11-	- X]	1	(Y	es, pp, or unknown) [(If y	yes, give war or dates of	service)		OL 0	. 1.	Δ - 0			ጉ ං
4/20				_	ļ —	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	line for (a), (b),	and (c).	Charle	 U	voorey_	- Eminen	TNTERVA	AL BETWEEN
10 /	Α .			Z		PART I.		A A - T -	RAI C	ASICE	<u> </u>			ONSET A	AND DEATH
11	ORE	삥		≥			IMMEDIATE CAUSE (a) <u>/ЧЛ/ // //</u>	10/F7 C	11111	<i>-</i>				
11	O	위		Ö				Popa	NARYT	HRAN	BOS	15 t	PROBA	1 /2/	\(
12 90-	S	STEA	.			which ga	ns, if any, DUE TO (ive rise to	6) (V/(V	11.15.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	<u> </u>	U 	<u> </u>	1.027	<u>U</u>	/
13 /-0	THIS	INST	╂┈┼	4		stating th	ause (a), } he under- luse last. DUE TO I	(Caron	er of the	ennon	- Go,	Fron	KEUS	on	مسع
	ON				Z O	PART II.	OTHER SIGNIFICANT (ONDITIONS CO	NTRIBUTING TO DEAT	H but not relate	d to the ter	minal PART			female was last 90 days.
	S				:ATI(disease condition given	III FARI I (a)	Ju 111	Til e	A		1	□ No	Unknown
	EN.				JFIC	10 WAS ALITORSY	20a. ACCIDENT SUICID	E HOMICIDE	20b. DESCRIBE HO	W INTURY OCCUR	RED. (Enter r	nature of injury i			
	AMENDMENTS				L CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO	208. ACCIDENT 301CIE		200. SESCRIBE 110	W MOOK! OCCO.	aces (emer)				
Z	WE	İ			MEDICAL	20c. TIME OF Hou!	Month, Day, Year	· · · · · · ·							
INK 1880	٩				MED	p.m.									
_ <u>~</u>						20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT W	☐ farm,	OF INJURY (e.g factory, street, of	., in or about home, 2 ffice bldg., etc.)	20f. CITY, TOWN	, OR LOCATI	ON	COUNTY		STATE
BLACK OR RITER R		READ				21. I attended the dece	assed from		to		and last say	w her w him alive on			
₩ ₩		2				Death occurred at-	eased from		•	e date stated abo			owledge, from th	ne causes	stated.
USE PEW		3		ш	1	22a_SIGNATURE	(De	gree or title)		22b ADDRESS				220	DATE SIGNED
USE BLACK OR TYPEWRITER		SHOULD		P.		A am le	411	1 10 10	malt.	//	un	ie M	h. t.	1.30	1911
-	1 1		$\perp \perp$	۲۷I	23	a. BURIAL, CREMATION,	23b. DATE	23c. NAME	OF CEMETERY OR CRE			ATION (City, to	wπ, or county)	~ 1 - 3 (State)
		ġ		AFFIDA		REMOVAL (Specify)	19/22//26	Pil	gram Rest	Cem.	l s	k annone	ale. M	ο.	•
		<u>ج</u>		AF		FUNERAL DIRECTOR	I I W/WU/ UAP	DRESS		E RECD. BY LOCA	AL REG. 26	. BEGISTRAR'S	SIGNATURE	$\overline{}$	
		ITEM	;	B≺	Ои	ncan Funero	al Home Inti	ı. View	mo. 12	31-6.	↓	Ma	Dag VR	, OBO	- e
	1 1	ı	1 1	1 1	- <u></u>							 			1,

(Licensed Embalmer's Statement on Reverse Side)

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Signed harles D. Gartain
Signature of Student Embalmer	. Signed harles D. Gartain
, <u>, , , , , , , , , , , , , , , , , , </u>	Licensed Embalmer No. 5107
	P. O. Address mp. Clein, ma,

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.