Rev. 4/59 Control of the composition of the comp				F DEATH	CERTIFICATE O	TH - STANDARD	SION OF HEA	NVIS	JRI DI	SOU	MIS	
1. Place of DEATH 3. COUNTY Shannon 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be admission 3. COUNTY Shannon 4. ON 1. ON 1		523 TE FILE NUMBE	299 255	7 Bandatauria Na	613	FARE	f Kentinens ye	UBU	T OF PL	TMENT	DEPAR	
a. STATE NO. b. COUNTY Shannon admission Rev. 4/59 1/0/0 2/0/0 3 3. NAME OF DECEASED First Middle Turbun Death June 24 19 5. SEX 6. COLOR OR RACE 7. Married New Middle Never Married 10 Never Married 10 Never Married 11 1/30/08 95 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY AND COUNTY Shannon admission by Country Shannon admission by Country Shannon admission of Married 12 Never Married 13 No. COUNTY Shannon admission of State Inc. 1		~ ~			STRATION DISTRICT NO=_L_P	Primary Rec	legistration Dispire Ind		NDED	AME	r WRITE IS STUB	DO NOT ON THIS
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HOSPITAL OR	side Limits			c. CITY OR) Length of stay in 1b	orate limits, give TOWNSHIP on	b. CITY (If outside core	L .		ᅙ	4/59	Rev. 4
HOSPITAL OR	□ No □)(]]			wator	1_		¥		,
3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Ye	ide on Farm		(If cutside,	d. STREET ADDRESS	1	OT in hospital, give location)	c. FULL NAME OF (IF N HOSPITAL OR INSTITUTION			ATE /	,,,	
5. SEX 6. COLOR OR RACE 7. Married () Never Married () 8. DATE OF BIRTH (9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER Widowed () Divorced () 1 1 / 30 / 60 () 45 Months () Days Hours () 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTY () COLOR OF MORE () CITY () CITIZEN OF WHAT COUNTY () CITY (Year		4. DATE Mo					-		- 	,,,,	~~~
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	COUNTRY	* *		'	AD OF BUSINESS OK INDUSTRI		with the state of	"			 اح	- 6
6 S Junior Working life, even if retired) 7 1 S Rardin, Illinois USC 13a. FATHER'S NAME (13b. MOTHER'S MAIDEN NAME) 14. NAME OF HUSBAND OR WIFE		DF HUSBAND OR WIFE	14. NAME OF	i marani,	135. MOTHER'S MAIDEN NAM	·	JAMWEAL WOAL 3a. FATHER'S NAME	13			FOLLOW	
- / 5 Unknown Unknown Drucilla Tipitan		illa Jipton	Drucil		Unknown		Unknown				_ /	
8 0 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		Address	•	17. INFORMANT	16. SOCIAL SECURITY NO.							8
94(00 m) No no none unona, no urucila sinto			mo. Druc	<u>lvinona,</u>			110	(1			· ·	9h/c
10 I I I I I I I I I I I I I I I I I I I	AND DEATH	ONSET	, ,,	aller a	ay (b), and (c).	inter only one cause per line for DEATH WAS CAUSED BY:	18. CAUSE OF DEATH (A S	10
IMMEDIATE CAUSE (a)				ellrose	Muso	IMMEDIATE CAUSE (a)		Š	l M	<u> გ</u>		
)				
12 90 - 2 S. 15 DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the under, stati					<u>-</u>	e rise to	which gar	ا ا		STE	2-25	1290
above cause (a), stating the under-lying cause last. DUE TO (c)		İ				under-	stating th			<u> </u>	- (O) ≅	13
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was femal	female was		the terminal PART	H but not related to	NS CONTRIBUTING TO DEAT	OTHER SIGNIFICANT CONDITION		Z				
Gisease condition given in total (a)	□ Unknown				(a)	disease condition given in PART		ATIC			1	
Yes No U V V V V V V V V V V V V V V V V V V		1 – –	(Enter nature of injury in	W INJURY OCCURRED.			19. WAS AUTOPSY PERFORMED?	ERTIFIC			MEN	
YES NO THE PARTY OF THE PARTY O						Hard Day Yard		AL C			ES	
ZOC. TIME OF Hour Month, Day, Year INJURY a.m. P.m. 20d. INJURY OCCURRED WHILE AT WORK Starm, factory, street, office bldg., etc.)							INJURY a.m.	MEDIC/			NA NA	¥
The state of the s	STATE	COUNTY	LOCATION	20f. CITY, TÓWN, OR		farm, factory,	WHILE AT WORK				1	Z Z
21. I attended the deceased from 2000 1, 1964 for from 24, 1964 and last saw him alive on Market 19	1964	Marlly 1	last saw Lin alive on	124,1964	1964 Jun	and from Town	21 Lettended the desc			8	첫 뜻	Y C
Death occurred at Death occurr	stated.				m on the					2	RI	
S W	DATE SIGNED	.// 22	1	22b. AMERIESS	tle)	(Degree or		Ļ		뒭	Ž	SE
= E B E MO 6-2	2764	106	4/ rec	Luce	V/1.0.	X Luis		-		옰	Ł	_
23a, BURIAK, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	State)	town, or county)	3d. LOCATION (City, tow	MATORY 23		200. 27.77	3a. BURIAL, CREMATION	<u> 2</u>	∐ ≹	-	_	
230. BURIAY, CREMATION 230.DATE SEMOVAL (Specific Com. Bardley, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 24. REGISTRAR'S SIGNATURE							Burlal	F	愷	2		
Burial 6/26/64 Bardley Cem. Bardley, Missouri 24. Funcan Funcral Home Mtn. View, Mo. 10.30.1964 Duncan Funcral Home Mtn. View, Mo. 10.30.1964 Duncan Funcral Home Mtn. View, Mo. 10.30.1964		S SIGNATURE	REGISTRAR'S							TEM		

(Licensed Embalmer'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 certificate was embalmed by me,

or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	_ Signed Marler D. Carlain
	Licensed Embalmer No. 5/07
	P. O. Address M. Min Miles

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.