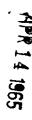
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH A Redistration District No. \_ DO NOT WRITE **AMENDED** ON THIS STUB 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where If institution: deceased lived. Residence before a. COUNTY VS 300 Shannon a. STATE b. COUNTY admission) AMENDED Mo Shannon Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN OR TÖWN Monti Yes 🖺 No 🛚 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET Reside on Farm DATE HOSPITAL OR ADDRESS institution Montier Yes 🕅 No 🗆 Yes | No [] Missour NAME OF DECEASED First Middle Last 4. DATE OF Day Year (Type or print) Flmer alwin DEATH Brown 9. AGE (last birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married 🔐 Never Married [] 85 Days Widowed □ Divorced | 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 COUNTRY nduring most of working life, even if retired) š <sup>c</sup>minence 13a. FATHER'S NAME 13b, MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE allred 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: //6), (b), and (c). INTERVAL BETWEEN OCUMENT **ONSET AND DEATH** IMMEDIATE CAUSE (a) Conditions, if any, DUE TO (b) ISSI which gave rise to 먎 above cause (a). stating the under-13 DUE TO (c) lying cause last. Z O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal CERTIFICATION PART III. If deceased was female disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS ☐ Yes □ No ☐ Unknown HOMICIDE 19. WAS AUTOPSY PERFORMED? SUICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT YES | NO | Month, Day, Year 20c. TIME OF Hour RIBBON INJURY a.m. D.M. 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED STATE WHILE AT WORK NOT WHILE AT WORK [] *TYPEWRITER* READ on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred ㅎ 22a. SIGNATURE (Degree or title) 22c. DATE SIGNED 236. BURHAL, CREMATION,
REMOVAL (SPECITY)
BULLAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 235. DATE (State) AFFIDA Š Montier <u>₹</u> 24. FUNERAL DIRECTOR ADDRESS DATE RECD. BY LOCAL REG. Duncan Funeral Home Min

(Licensed Embelmer's Statement on Reverse Side)



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.

## STATEMENT BY LICENSED EMBALMER

| I hereby      | certify that the body who    | se name is recorded on the reverse side of this certificate was embalmed by me, |
|---------------|------------------------------|---|
| or by         |                              | Student Embalmer No   |
| working under | my personal supervision.     | 1/10000   |
| Student       | ·                            | Signed Marker D. Cartain  |
|               | Signature of Student Embalme | Licensed Embalmer No.   |
| • • •         | • •                          | P. O. Address The Clave, me   |
| ∾Note: T      | The above MUST BE SIGNE      | D BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply           |