| ON SUMMINE SUMMER SUMME | 5 | • • • | THE DIVISION OF HE | | | 19799 |
|--|----------------------------------|---------------------------------|--|------------------------------|-----------------------------------|------------------------|
| 1. PLACE OF DEATH a. COUNTY Shammon, Spring Cult II. b. CITY (In our stide corporate limits, give TOWNSHIP enly) ON SUMMINE OF (IN DT in hospital, give location) Length of stoy in 1b C. FULL MANE OF (IN DT in hospital, give location) Length of stoy in 1b ADDRESS 1. STREET (If our side, give location) Length of stoy in 1b ADDRESS 1. DATE OF PILL MANE OF (IN DT in hospital, give location) D. SERET ADDRESS 1. DATE OF ORATH Month Day Year OATH Month Day Year OATH Month Day Year OATH MONTH DAY COUNTY Shammon COUNTY Shammon C. FULL MANE OF (IN DT in hospital, give location) Length of stoy in 1b J. STREET ADDRESS 1. DATE OF MONTH DAY COUNTY IN MARKET OF BITTH ADDRESS 1. DATE OF WORK DAY COUNTY ON SUMMINE OF IN HOUSE STATE WOODWAST MONOBLE DISTRICT OF BITTH ADDRESS 1. DATE OF WORK DAY COUNTY ON SUMMINE OF COUNTY TOWN SUMMINE OF MONTH DAY COUNTY ON SUMMINE OF MONTH DAY TOWN SUMMINE OF MONTH DAY T | HLED MA | N 21 1957 | | | | IUMBER |
| a. COUNTY Shammon, Sange Cult Tay b. CITY (If ourside corporate limits, day townshile only) this to tright town Sulfmendown to the county of t | | · · | District No. 336 Pr | imary Registration District | No. 6/3J Regis | strar's No |
| STATUTION SUPPRISONALLY, TOWNSHIP only I have been a superior limits, de township only I have been a superior limits, de township only I have been a superior limits, de township only I have been a superior limits, de township only I have been a superior limits of the superio | 1. PLACE OF D | EATH | | | | ion: Residence before/ |
| E. CITY (If ourside corporate limits, de TOWNSHIP POIN) Identify to RN SUMMINERALLINE (III) IN SUMINERALLINE (III) IN SUMMINERALLINE (III) IN SUMMINERALLINE (III) IN SUMMINER | a. COUNTY | Shannon, Sp | ming Creek Tun | a. STATE | DOUTE 6. COUNTY O | Shannon " |
| TOWN SUMMINGUAL DOWNER, III of the soft of the part of the control of the part of the p | b. CITY (If a | | | III | | Inside Limits |
| ADDRESS Yes OF NAME DECRASED PHI MOUNT DOCK SEX COLOR OR RACE 7 MARRIED REVER MARR | TOWN | | <u> </u> | TOWN AUMIN | iersville | Yes Na |
| TOPPO PIPIL) S. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) I SUDGER I VAR. IF LUCKER IN ITEM 1. SECONDARY 1. SE | HUSPITAL | . OR | 1 | d. 51KEE1 | (If outside, give location | on) Reside on Farm |
| COMMON Color or race The property The prope | | First | Middle | Last | | Day Year |
| CONTINUED CONT | (Type or print) | | <u>a</u> | A | DEATH CHRIS | 15.1957 |
| 100. SUSIL OCCUPATION (Clier kind growth dome to the during modely working life, even if retired) AND DECENSE OF MANDEN NAME 14. MOTHER'S NAME 15. WAS DECENSED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IMPORMANT 17. MAD DECENSED IVER IN U. S. ARMED FORCES? 18. ASUME OF DEATH (Enter only one cause pet line fig. (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. ASUME OF DEATH (Enter only one cause pet line fig. (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. ASUME OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART 1. OTHER SIGNIFICANT CONDITIONS CON | 0 0 | // | 7. MARRIED NEVER MARRIED | l | last birthday) Martha | |
| ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 21. I attended the deceased from Capture of Item of the date stated above; and to the best of my knowledge, from the causes stated above; and to the best of my knowle | <u> </u> | * **** | | March 7, 18 | 366' 91 | EN OF HULLY COUNTRY'S |
| 13. BATCHER'S MANE THE CONTROL 14. MOTHER'S MADER NAME TO MOTHER SMADER NAME TO MOTHER SMADER NAME 14. MOTHER'S MADER NAME TO MOTHER SMADER NAME TO MOTHER SMADER NAME TO MOTHER SMADER NAME THE PART I. DEATH (Enter only one cause pet line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOLL LOLL LOLL LOLL LOLL LOLL LOLL LO | during most of | working life, even if retired) | IOO. KIND OF BUSINESS OR INDUSTRY | h . 0 | | . CO C |
| S. WAS DECEASED EVER IN U. S. ARMED FORCEST (Yes, no. or unknown) (If yes, pine were or dates of service) TWO 18. GAUSE OF DEATH (Enter only one cause pet line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which gaze rise to which gaze rise to date the date of the control of the under lying cause last. Due to (c) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 20c. ACCIDENT SUICIDE HOMICIDE 20c. PLACE OF INJURY (c. g., in or about home. WHILE AT WORK 21. I attended the deceased from Captal J. St. to Captal S. S. J. and last saw her alive on Captal S. MASS AUTOPSY WORK 21. I attended the deceased from Captal J. St. to Captal S. S. J. and last saw her alive on Captal S. MASS AUTOPSY CONDITION TO MANUEL DEATH OF AT WORK 22. J. I attended the deceased from Captal J. St. to Captal S. S. J. and last saw her him alive on Captal S. MASS AUTOPSY CAPTAL CONTRIBUTION CONTRIBUTION (City, town, or county) AS BUHNAL CREATION. AS BUHNAL CREATION. AS FUNCTOR THAN S. CAPTAL S. | TA OLLA CULO 13. FATHER'S NAM | 7k | housewife | | | 1.3.4. |
| 15. WAS DECEASED EVER IN U. S. ARNED PORCES? (Yes, no. or without) (19 yes, give war or dates of service) (Yes, no. or without) (19 yes, give war or dates of service) (Yes, no. or without) (19 yes, give war or dates of service) (Yes, no. or without) (19 yes, give war or dates of service) (Yes, no. or without) (19 yes, give war or dates of service) (Yes, no. or without) (19 yes, give war or dates of service) (Yes, no. or without) (19 yes, give war or dates of service) (Yes, no. or without) (19 yes, give war or dates of service) (Yes, no. or without) (Yes, no. or with yes, no. or without) (Yes, no. or wi | Ceirl | Фħ. | | Dance Hama | en | |
| 18. CAUSE OF DEATH [Enter only one cause pet line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gaze rise to choose cause (a), stating the underly for cause (a). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS OF THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION | 15. WAS DECEASED | EVER IN U. S. ARMED FORCE | | 17. INFORMANT | Address | |
| B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSE (a) Conditions, if any, which goes the form of the cause (a) Conditions, if any, which goes the form of the cause (a) Conditions of the under the cause (a) DUE TO (b) Lelled Thrombosis Y Hemo under the conservation of the under the cause (a) Stating the under the cause (at 1) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) Lelled Thrombosis Y Hemo under the cause (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hem 18.) 20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 120d. INJURY OCCURRED WHILE AT WORK INJURY (c. g., in or about home. 20d. INJURY OCCURRED WHILE AT WORK INJURY (c. g., in or about home. 20d. INJURY OCCURRED WHILE AT WORK INJURY (c. g., in or about home. 21. I attended the deceased from Control of the Control of the Control of the County of County of the County of County | | (i) get, pile aut or make by ac | • | mich mill | er. Summersvi | lle. Mo. |
| which gaze rise to above cause (a) stating the underlying cause last. Due to (c) Celebrale Selection (a) plant in other significant conditions contributing to death but not related to the terminal disease condition given in part I(a) performed the selection of the terminal disease condition given in part I(a) performed the selection of the terminal disease condition given in part I(a) performed the selection of the terminal disease condition given in part I(a) performed the selection of the terminal disease condition given in part I(a) performed the selection of the selection of the terminal disease condition given in part I(a) performed the selection of the se | | DEATH WAS CAUSED BY: | se per tine for (a), (b), and (c). | lary ja | ralysis) | ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 33 2 x 9 FEFFORMED? 10 10 10 10 10 10 10 1 | which go above o stating t | nve rise to ause (a). he under- | arlereo | seles as | poses & Heme | redage |
| 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK TO AT WOR | | 240t 1481.) — | CONTRIBUTING TO DEATH BUT NOT RELATED | TO THE TERMINAL DISEASE COND | DITION GIVEN IN PART I(a) | 19. WAS AUTOPSY |
| 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Gem 18.) 20. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20. INJURY OCCURRED WHILE AT ONT WHILE AT WORK 21. I attended the deceased from Control on the date stated above; and to the best of my knowledge, from the causes state 22a_signature 22a_signature 22b. Date (Degree or tille) 3a. BURIAL, CREMATION, REMOVAL (Specify) 4/ 7/57 SAUMPROMANIA 4. FUNERAL DIRECTOR ADDRESS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Gem 18.) 20c. TIME OF Hour Month, Day, Year INJURY (c. g., in or about home, p. 20). CITY, TOWN, OR LOCATION COUNTY STAT WHO INJURY OCCURRED 10 | 3 | | | | 33 <i>2x</i> | () |
| 20c. TIME OF Hour Month, Day, Year INJURY OF A. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE Sarm, factory, street, office bldg., etc.) 21. I attended the deceased from Carly -51, to Carly 59 and last saw her alive on Carly -90. Death occurred at | 20a. ACCIDENT | | 206. DESCRIBE HOW INJURY OCCURR | ED. (Enter nature of injury | in Part I or Part II of item 18.) | |
| 20d. INJURY a. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE WHILE AT NOT WHILE 21. I attended the deceased from County Street, office bidg., etc.) 21. I attended the deceased from County Street, office bidg., etc.) 21. I attended the deceased from County Street, office bidg., etc.) 22. Death occurred at | ₩ <u></u> | <u> </u> | | | | |
| WHILE AT NOT WHILE Sarm, factory, street, office bldg., etc.) 21. I attended the deceased from Contact Street Str | | a. m. | | • | | |
| Death occurred at | WHILE AT | NOT WHILE Jarm | E OF INJURY (e.g., in ar about home, , factory, street, office bldg., etc.) | 20/. CITY, TOWN, OR LOCA | TION COUNTY | STATE |
| Death occurred at | 21. I attende | d the deceased from | Effe 9-51.10a | pN 15 - 59. | nd last saw her alive on C | ip~15-1957 |
| 3a. BURIAL, CREMATION, 23b. DATE 2dc. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (State) BUILLIAN 4/1/57 Summer Description 25. Date RECD. By Local REG. 26. REGISTRAR'S SIGNATORE Quincam Fumeral Home Intn. View. Inc. 11 ay 20-57 Mobile See | | | | stated above; and to th | e best of my knowledge, fro | th the causes stated. |
| BUNDAL (Specify) 4/17/57 Saummersville Cem Saummersville Dissouri, 4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Quincam Fumeral Home Mtn. View. Mo. 19 ay 20.57 Mobile See | DY | were for | Degree or titley DO | 226. WORESS | rolille | 22c. DATE SIGNED |
| Durial 4/7/57 & Summersville Cem Summersville Missouri. 4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Quincam Francisco Home Mtn. View. Mo. 11 ay 20-57 Mobil See | | | 28c. NAME OF CEMETERY OR C | REMATORY 23d. | LOCATION (City, town, or county) | (State) |
| Juncan Funeral Home Mitn. View. Mo. 11 ay 20-57 Mobil Joe | burial | 4/17/57 | | | | issouri. |
| | | | i | ATE RECD. BY LOCAL REG. | 20. REGISTRAR'S SIGNATURE | Joeen. |
| (2.00.000 | | | | ient on Reverse Side) | | 1 |

STATEMENT BY LICENSÉD EMBALMÉR

working under my personal supervision..

chark a Moston Signature of Student Embalmer igned Licensed Embalmer Not

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING

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.