STANDARD CERTIFICATE OF DEATH  STATE FILE NUMBER  FILED OCT 2 8 1958 intrain District No. 2 Primary Registration District No. 443 Primary No. 370  1. PLACE OF PEATH  C. COUNTY  Shammon  2. USUAL RESIDENCE (Where decreased lived, Ill institution: Registrate byte of STATE Missouri)  b. CIV (II outside corporate limits, give TornStyll post)  b. COUNTY Shammon  1. Inside Limit  7. ON Burch Tree  1. FULL NAME OF (II NOT in begind in give Incoline)  Length of story in b. 4. STREET  COUNTY Shammon  3. NAME OF DECREASED  First  Middle  Lest  Middle  Lest  Middle  Lest  Middle  Lest  Middle  Lest  Middle  Lest  Middle  STATE FILE NUMBER;  No. 1 Day Year  No. 1 Day No. 2 Da					THE DIVISION OF HEALTH OF MISSOURI					58-038578				
1. PLACE OF DEATH 0. COUNTY Shamon  1. PLACE OF DEATH 0. COUNTY Shamon  1. STATE 1. SOUTH 1. SHAMON 1. STATE 1. SOUTH 1. SHAMON 1. STATE 1. SOUTH 1. SHAMON	_	31ED 00T 9	ର <u>1</u> ପଅନ୍ତି			NDARD CE ろろ/	RTIFIC	ATE OF DEATH		1492			フノ	)
S. COUNTY  Shammon  S. CITY (If purished corporate limits, yet TOWNSHIP only)  S. CITY (If purished corporate limits, yet TOWNSHIP only)  S. CITY (If purished corporate limits, yet TOWNSHIP only)  S. CITY (If purished corporate limits, yet TOWNSHIP only)  S. SEX  S. FULL NAME OF (If NOT in hospital, give location)  S. MARIED FIZER  S. SEX  S. COLOR OR RACE  T. MARRIED HOVE WARRIED  S. SEX  S. COLOR OR RACE  T. MARRIED HOVE WARRIED  S. DATE OF BIRTH  S. DATE				stration Dist	trict No	_م\ / رــ	Pr				<u>_</u>			
b. CITY (if outside coporate limits, give TOWNSHIP only) TOWN BUCK JACK TOWN BUCK JACK TOWN BUCK JACK TOWN BUCK JACK  C. FULL NAME OF (INO 1'in heapite), give location) ILength of stoy in b  d. STREET  (If outside, give location) INSTITUTION HOTH  C. FULL NAME OF DECEASED  First  Middle  Last  ADDRESS  ROULE  ADTE Month Day Year  No  10. DATE Month Day Year  Day  Month Day Year  Day  Mont			rH	Shan	nnon			2. USUAL RESIDI	ENCE (Who	re deceased lived.  b. COUN	If instituti ITY SM	on: Reside	ission	iore
C. FULL NAME OF (II NOT in heapital, give location)  HOSPITAL OR HOSPITAL HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSP		b. CITY (If outside corporate limits, give TOWN OR				* '		c. CITY			Inside Limits			
NOSPITAL OR   NOTIFIED   NOTIFIE   NOTIFIED   NOTIFIE	_					<del>'</del>		11						
S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED		HOSPITAL OR			ve rocarion,	f	•	11 4000566 -					_	
5. SEX 6. COLOR OR RACE White Who web the ser married who was done who was worked by properly by the service of	3											•		
TOUR O   White   MICHAEL   Dec.   8,   905   May   Mount   Min.   Mi		Suther				Edgar		Rutledge		DEATH OC	1958			
100. USAL OCCUPATION (Give kind of each dane)  during Fishberge [116, even if vertrad]  101. MINTER'S MANE  102. MINTER'S MANE  103. MOTHER'S MANE  103. MOTHER'S MANE  104. NOT WHILE  105. WAS DECEASED EVER IN U. S. ARMED FORCES?  (174) no, or unknown) (1174, give, give new or detas of service)  106. SOCIAL SECURITY NO.  117. INFORMANT  118. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  119. WAS AUTOPSY PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal diseases condition given in PART I (a)  119. WAS AUTOPSY PERFORMED?  120. ACCIDENT SUICIDE HOMICIDE  220. ACCIDENT SUICIDE HOMICIDE  220. TIME OF HOW Month, Doy, Year  INJURY Q  220. INJURY OCCURRED WHILE AT AT WORK  221. Citrier and view of related to the terminal diseases condition given in PART I (a)  222. SIGNATURE  (Degree or IIIIe)  2235. NAME OF CREATERY OR CREATERY OR CREATERY OR CREATERY  224. ADDRESS  225. DATE RECO. BY LOCAL REC.  226. BURLAL, CREMATION, 225. DATE  227. STRAFTS SIGNATURE  (Degree or IIIIe)  228. ADDRESS  229. DATE RECO. BY LOCAL REC.  220. DATE RECO. BY LOCAL REC.  221. EVENT RAY SIGNATURE  (Day or or owner)  220. DATE RECO. BY LOCAL REC.  220. DATE RECO. BY LOCAL REC.  221. BURLAL, CREMATION, 225. DATE  222. DATE RECO. BY LOCAL REC.  223. DATE RECO. BY LOCAL REC.  224. DATE SIGNATURE  225. DATE RECO. BY LOCAL REC.  226. REGISTRAF'S SIGNATURE  227. DATE SIGNATURE  228. DATE RECO. BY LOCAL REC.  229. DATE RECO. BY LOCAL REC.  220. DATE RECO. BY LOCAL REC.  221. DATE RECO. BY LOCAL REC.  222. DATE RECO. BY LOCAL REC.  233. DATE RECO. BY LOCAL REC.  244. DATE BY LOCAL RECO. BY LOCAL REC.  245. DATE RECO	5		1		MARRIED	₩NEVER MA	RRIED		•	9. AGE (In years	FUNDER I	YEAR IF	UNDER	24 HRS.
Jan. Father's NAME  Jan. Bather's NAME  Jan. B					1				•		<del></del>			
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   No.   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   19. WAS AUTOPSY   19. WAS	during may be forting life, even if retired)			meter	Miller Owner Reynold			s Co.	Co., Mo. J. U.S.G.				NTRY?	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  19. WAS AUTOPSY PART I. DEATH WAS CAUSED BY:  19. Which gove rise to when cause (b).  19. WAS AUTOPSY PERFORMED?  19. WAS AUTOPSY PERFORMED?  19. WAS AUTOPSY PERFORMED?  19. WAS AUTOPSY PERFORMED?  20. ACCIDENT SUICIDE HOMICIDE  20. ACCIDENT SUICIDE  21. Jatiended the deceased from Course stated.  22. JACKATURE  23. ADRESS  25. ADRESS  25. DATE RECD. BY LOCAL REC. 26. BEGISTRAR'S SIGNATURE  26. ADRESS  27. ADRESS  28. ADRESS  29. ADRESS  29. ADRESS  20. ADRESS  20	13				1				. 1					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).		lim. Zayl	<u>or Ru</u>	tledgi	e	<u> Luell</u>	ı Sto	tler		Dessie 8	ding	ling		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise as a starting the under lying cause in the under lying cause condition given in PART II of litem 18.)  20. ACCIDENT SUICIDE HOMICIDE  20. ACCIDENT SUICIDE HOMICIDE  20. ACCIDENT SUICIDE HOMICIDE  20. ACCIDENT SUICIDE HOMICIDE  20. TIME OF Hour Month, Day, Year and lying lyin	15 (Y	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)! (If yes, give wor or dates of service)				· · · · · · · · · · · · · · · · · · ·							•	
IMMEDIATE CAUSE (c)   IMPROVED   IMPORTANT   IMPROVED   IMPORTANT   IMPROVED   IMPORTANT   IMPROVED   IMPORTANT   IMP	_							rreag						
Conditions, if eny, which gave rise to shave cause (a), starting the under lying couse leat.  DUE TO (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b)  PERFORMED?  YES NO    20c. 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, Doy, Year INJURY (e.g., inor about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE form, carry, street, office bidg., etc.)  20d. INJURY OCCURRED WHILE AT NOT WHILE IN COUNTY STATE form, carry, street, office bidg., etc.)  21. I attended the deceased from CC 2 / 958, to Oct 2 / 155 and last saw her alive on Oc	ŀ													
which gave rise to close cause (a), stating the underly less. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PERFORMED?  PERFORMED.  PERFORMED		ļ	IMMEDIATE C	_AUSE (8) _	WIV.	<del></del>	. / 🕶	7.7.	uaa					
State   Color   Colo		Conditions,	if any, Di	UE TO (b)	<del>-</del>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PERFORMED?  PERFORMED?  YES NO    20c. 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 of the part in or part ii of item 18.)  20d. INJURY OCCURRED for p.m.  20d. INJURY occurred at for p.m.  20d. INJURY occurred a		above caus	se (a), } under-							.140	,			
PERFORMED?  200. ACCIDENT SUICIDE HOMICIDE  200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  200. ACCIDENT SUICIDE HOMICIDE  200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  200. TIME OF Hour Month, Day, Year INJURY a.m. p.m.  201. INJURY OCCURRED  WHILE AT NOT WHILE  AT WORK  21. I attended the deceased from Death occurred at Death o	Š	l <u>ying</u> caus	e lost. Di		TIONS CONTR	IBIITING TO D	EATH his	not related to the terminal	diesas car			10 WAS	ALITOS	257
20a. ACCIDENT SUICIDE HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY  20c. TIME OF Hour Month, Day, Year INJURY  20d. INJURY OCCURRED  WHILE AT NOT WHILE  AT WORK  21. I attended the deceased from Death occurred at 21.30 h. Th. month date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE  (Degree or title)  22a. BURIAL, CREMATION 23b. DATE  BENOVAL (Sepecity)  10/5/58  22b. ADDRESS  22c. NAME OF CEMETERY OR CREMATORY  BENOVAL (Sepecity)  10/5/58  22c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION 23b. DATE  BENOVAL (Sepecity)  10/5/58  22c. NAME OF CEMETERY OR CREMATORY  BURCH July 10 or county)  Control of the mature of injury in PART 1 or PART 11 of item 18.)  22d. COUNTY  STATE  10 or 195  10 or	.v	•		CAN 1 CON P	THOMS COMM		Z.N. 1.1. 427	, , , , , , , , , , , , , , , , , , , ,		grow and		PER	FORME	07 0
20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED Farm, actory, street, office bidg., etc.)  20d. INJURY OCCURRED Farm, actory, street, office bidg., etc.)  21. I attended the deceased from Death occurred at Day I attended the deceased f	F	200. ACCIDENT	SUICIDE H	OMICIDE	20b. DESCR	RIBE HOW IN.	JURY OCC	URRED. (Enter nature	of injury is	PART I or PART	Il of item 1			<u> </u>
INJURY a.m. p.m.  20d. INJURY OCCURRED WHILE AT NOT WHILE WORK  21. I attended the deceased from Death occurred at 20d. AT WORK  22d. SIGNATURE  (Degree or title)  22d. NAME OF CEMETERY OR CREMATORY  23d. BURIAL, CREMATION, 23b. DATE BERNOVAL (Sepecify)  23d. DATE BERNOVAL (Sepecify)  24. FUNERAL DIRECTOR  ADDRESS  25d. DATE RECD. BY LOCAL REG.  26d. REGISTRAR'S SIGNATURE  27d. ADDRESS  27d. ADDRESS  27d. OCCURRED WAS DATE BENOVAL (Sepecify)  27d. ADDRESS  27d. NAME OF CEMETERY OR CREMATORY BENOVAL (Sepecify)  27d. ADDRESS  27d. DATE RECD. BY LOCAL REG.  28d. REGISTRAR'S SIGNATURE  27d. REGISTRAR'S SIGNATURE  27d. REGISTRAR'S SIGNATURE  27d. REGISTRAR'S SIGNATURE  27d. ADDRESS  27d. DATE RECD. BY LOCAL REG.  27d. REGISTRAR'S SIGNATURE	٦													
20d. INJURY OCCURRED WHILE AT NOT WHILE  21. I attended the deceased from Death occurred at  22d. SIGNATURE  (Degree or title)  23d. NAME OF CEMETERY OR CREMATORY  BEMOYAL (Sepcify)  23d. DATE  BEMOYAL (Sepcify)  20f. CITY, TOWN, OR LOCATION  COUNTY  STATE  22d. ADDRESS  22c. DATE SIGNED  10-17-58  23d. LOCATION (Cltx, Tewn, or county)  CS1010  23d. LOCATION (Cltx, Tewn, or county)  CS1010  24d. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE	) Dic			Day, Year				_						
WHILE AT NOT WHILE   farm, sctory, street, office bldg., etc.)  21. I attended the deceased from   Och 2 / 95   to   Och 2 / 95   and last saw her alive on   Och 2 / 95   Death occurred at   December   Decembe	Ĭ			1 00 01			1	LONG CITY TOWN	00 1 00 17	10.1	N 11 T 1			
21. I attended the deceased from Ocl 2 / 958, to Och 2 / 958 and last saw her alive on Och 2 / 958  Death occurred at Day ham no the date stated above; and to the best of my knowledge, from the causes stated.  220. SIGNATURE  (Degree or title)  220. ADDRESS  221. NAME OF CEMETERY OR CREMATORY  REMOVAL (Sepcify)  10/5/58  222. NAME OF CEMETERY OR CREMATORY  REMOVAL (Sepcify)  223. BURIAL, CREMATION 23b. DATE  REMOVAL (Sepcify)  224. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		WHILE AT - NO	T WHILE -					5, 201. CITT, TOWN,	UK LUCAT	IUN CL	ין ואטל יי		SIAIE	
Death occurred at		HURK — AI	WORK —	Och	2105	8	. 0	1/2 1958 00	d last tow	her clive on $\Omega$	1. 19	158		
Stanle Bancium O.O. Molling, M. 10-17-58  236. BURIAL, CREMATION 236. DATE BENOVAL (Sepacity)   10/5/58   COAR Forest Cemetery Birch Tree, Missouri  24. FUNERAL DIRECTOR ADDRESS   25. DATE RECD. BY LOCAL REG.   26. REGISTRAR'S SIGNATURE	1													
236. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 10 mm, or country) (Storie) BEMOVAL (September 1) 10/5/58 Oak Forest Cemetery Birch Tree, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		220. SIGNATURE	10 /3	ane	(Degree or tit	10) (9.4	g. s	22b. ADDRESS	Vier	s MM	, &—	- L		_
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	230	BURIAL, CREMATIO	N, 235. DAT	,					23d. LOCA	ATION (City, 10 wn, or	county)	<b>{Sic</b>	rte)	
	_			<del></del>		K JOV			L.,					
	24  }					יווע אווים		ATE RECD. BY LOCAL I	KEG.   26.	REGISTRAR'S SIGN	ATURE	d		
(Licensed Embalmer's Statement on Reverse Side)	الاه	WINCOLL CAN		ACITO I			<del></del>	tement on Reverse Side)		- ruppe		7 acc	<del></del>	—

## 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.	Signed Dichard a. Morton
Student	·
	Licensed Embalmer No5029

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).

P. O. Address ....

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. .