MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH **2**65-026387 Primary Registration District No. 4494 Registrar's No. Registration District No. 227 DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH b. COUNTY SHANNON a. COUNTY VS 300 SHANNON AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits ÖR TOWN TOWN Yes 👿 No 🗋 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR ADDRESS Yes M No 🗆 INSTITUTION Yes □ No 🕱 Middle 4. DATE NAME OF DECEASED Last Day (Type or print) DEATH 9. AGE (last birthday) 7. Married X Never Married 5. SEX 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 13a. FATHER'S NAME Missouri (Yas, no, or unknown)) (If yes, give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (a) 11 Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. ☐ Yes 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) PERFORMED3 YES | NO 1 Month, Day, Year 20c, TIME OF /Houl RIBBON BLACK INK 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION STATE farm, factory, street, office bldg., etc.) NOT WHILE AT WORK I OR TYPEWRITER 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD AFFIDAVIT 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL (Specify) ġ ITEM

(Licensed Embalmer's Statement on Reverse Side

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under my personal supervision.		
Student		Signed and Collary
Signature of Student Embalme	ır .	
		Licensed Embalmer No. 57//8
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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.