## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY VS 300 admission) Shannon Shannon AMENDED Mо Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN eminence Yes 🚺 No 🖂 munence c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm DATE HOSPITAL OR **ADDRESS** Yes) No 🗆 INSTITUTION Yes □ No----Home 3. NAME OF DECEASED Middle 4. DATE Month. Day (Type or print) DEATH Maatha ሊΩMO. 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. Married 🗖 Never Married Months Widowed | Divorced [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Housewife working life, even if retired) tmunence 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 135, MOTHER'S MAIDEN NAME Bill Conway Doll Woods Sidney Thomas 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes, give wer or dates of service) 120. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT IMMEDIATE CAUSE (a) 11 Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal CERTIFICATION õ disease condition given in PART 1 (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Unknown ☐ Yes ☐ No 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMEDT YES | NO 20c. TIME OF Month, Day, Year /Hour RIBBON INJURY USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK | NOT WHILE AT WORK | farm, factory, street, office bldg., etc.) OR TYPEWRITER READ and last saw him alive on 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred SHOULD 22a. SIGNATUR ö AFFIDAVIT 33c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23b. DATE 23s. BURIAL, CREMATION. (State) NO. REMOVAL (Specify) Chanel Cem. Eminence. Missouri /26/65 ADDRESS DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE ₹ 24. FUNERAL DIRECTOR

Home.

(Licensed Embalmer's Statement on Reverse Side)

7Nr 8 1862

## STATEMENT BY LICENSED EMBALMER

or by	is recorded on the reverse side of this certificate was embalmed by me,  Student Embalmer No
working under my personal supervision.	0/1000
Signature of Student Embalmer	_ Signed Marly Dartaen.
•	P. O. Address My Lander, Smort

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.