STANDARD CERTIFICATE OF DEATH  State File No	***				IE DIVISION OF HE				mild of	
1. PLACE OF DEATH  2. OCCUPY HAND C H  3. COUNTY HAND C H  4. DOLL H  5. CITY OF emoids corporate limits, write RURAL and either  5. CITY OF emoids corporate limits, write RURAL and either  5. CITY OF emoids corporate limits, write RURAL and either  5. CITY OF emoids corporate limits, write RURAL and either  6. COUNT MAN OF HE HAND C H  6. CITY OF HAND C H  6. CITY OF HAND C H  6. CITY OF EMOIDS SAY A has been so the state of the country of the country of the state of the country of the c	300 48			STA	NDARD CERTII	FICATE OF DE	ATH	State File No	9709	
PLACE OF DIATH	Δ	BIRTH FILED APR	<b>5</b> 1954	REG. I	DIST. NO. 294		. no.3	O 5 Gregistrar's A	10.7.2	
b. CITY (If conside comprehe litalite, write RURAL and give township)  TOWN MORE OF (If each in Considered township)  OF HILL MARK OF (If each in Considered township)  OF HILL MARK OF (If each in Considered township)  OF HILL MARK OF (If each in Considered township)  OF HILL MARK OF (If each in Considered township)  OF HILL MARK OF (If each in Considered township)  INCOMPRESS  NAME OF (If each in Considered township)  OF HILL MARK OF (If each	$\cup$	_ · · · _ · · · _ · · · - · · · · / · ·	COUNTY A				DENCE (			
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S. SEX   G. COLOR OR RACE   7. MARRIED, NEVER MAR	RECORD	LOSDITAL OD				ADDRESS				
(TYPE OF PYTHI)		3. NAME OF	a. (First)		b. (Middle)	c. (Last)			i) (Day) (Year)	
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10b. USUAL OCCUPATION (CITY and of work)   10b. KIND OF BUSINESS OR IN-   15 WAS DECEASED EVER IN U.S. ARRED FORCES   13b. MOTHER'S MAIDEN NAME   13b. MOTHER'S MAIDEN NAME   15w. MAS DECEASED EVER IN U.S. ARRED FORCES   16. SOCIAL SCURITY (Two. no. or, natural norm)   17w. Information   17w. Information   17w. Information   17w. Information   18w. ARRED FORCES   18w. SOCIAL SCURITY (Two. no. or, natural norm)   18w. CAUSE OF DEATH   18w. CAUSE   18w. CA				7. MARI WIDO	WED, DIVORCED (Spectry)		1885	9. AGE (In years if the last birthday) Monti		
13		done during most of workin	ng life, even if retired)	10b. KII	ND OF BUSINESS OR IN-	<b>+</b> , , , `		ooustry)	COUNTRY?	
IS. CAUSE OF DEATH   DISEASE OR CONDITION	ł		- <i>M</i>	1 0 /				ME OF HUSBAND OR W		
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IN SOCIAL SECURITY IN NO.   IT INFORMANT'S SIGNATURE OR NAME   ADDRESS   IS. SOCIAL SECURITY   IV. D.   IT. INFORMANT'S SIGNATURE OR NAME   ADDRESS   IS. CAUSE OF DEATH   Enter only one counts oper iline for (a), (b), and (c)   IDISEASE OR CONDITION   Hypertensive Cardiovascular   IDISEASE OR CONDITION   Uniterval services	-{	1	ut/AND	, ,	ADAH S	STARK	BE	ss MA	+1TLAND	
18. CAUSE OF DEATH Enter only one occurs of the more of the most and death of the most and death.  19. CAUSE OF DEATH Enter only one occurs of the most of the mos	1	15. WAS DECEASED EVEL				17. INFORMANT				
INTERVAL BETWEEN   INSTANCE   IN	ı		yee, give war or date	s of service)	MONE NO.	HOWAR A	MA	ITLAND	LAPLATAMO	
Enter only one-outse per line for (a), (b), and (c)  "This does not mean the discussed of spins, such as heart failure, extensis, the mode of spins, such as heart failure, extensis, the underly integrated to the above cause (a) stating cause last.  If means the discussed death, as heart failure, extensis, the underly integrated last.  If other compileration which caused death.  If other significant contributing to the death but not related to the discuss or condition contributing to the death but not related to the discuss or condition contributing to the death but not related to the discuss or condition containing death.  If other significant contributing to the death but not related to the discuss or condition containing death.  If other significant contributing to the death but not related to the discuss or condition containing death.  If other significant contributing to the death but not related to the discuss or condition containing death.  If other significant contributing to the death but not related to the discuss or condition containing death.  If other significant contributing to the death but not related to the discuss or condition containing death.  If other significant contributing to the death but not related to the discuss or condition containing death.  If other significant contributing to the death but not related to the discuss or condition containing death.  If other significant contributing to the death but not related to the discuss or condition containing death.  If other significant contributing to the death but not related to the discuss or condition contributing to the death but not related to the discuss or condition contributing to the death but not related to the discuss or condition contributing to the death but not related to the discuss or condition contributing to the death but not related to the discuss or condition contributing to the death but not related to the discuss or condition contributing to the death but not related to the discuss or condition contributing to the deat	İ	18 CAUSE OF DEATH MEDICAL CERTIFICATION							INTERVAL BETWEEN	
**This does not mean the mode of dying, such as heart future, eathenia, etc. It means the discose, injury, or compileation which caused death.  19a. DATE OF OPERA.  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE (Bpoetty)  21b. PLACE OF INJURY (e.g., in or about Holling)  21d. TIME (Month) (Day) (Year) (Bour)  21d. HOW DID INJURY OCCURT  21d. HOW DID INJURY OCCURT  21d. HOW DID INJURY OCCURT  22d. HOR DID INJURY (COUNTY)  22d. BURIAL (Bouthy) (Dity, town, or county) (State)  22d. DATE SIGNED  22d. DATE SIGNATURE  22d	ŀ		1. DISEASE OR O	CONDITION DING TO DE	Hyp	ertensive (	Cardi	ovascular		
This does not mean that the mode of dying, such as heart failure, athenia, etc. It means the discase, injury, or complication which caused death.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  ISB. DATE OF OPERATION  ISB. MAJOR FINDINGS OF OPERATION  ZIA. ACCIDENT SUICIDE HOMICIDE  LOTHER SIGNIFICANT CONDITIONS  210. AUTOPSY? YES NO X  211. OTHER SIGNIFICANT CONDITIONS  212. ACCIDENT SUICIDE HOMICIDE  LOTHER SIGNIFICANT CONDITIONS  213. ACCIDENT SUICIDE HOMICIDE  LOTHER SIGNIFICANT CONDITIONS  214. ACCIDENT SUICIDE HOMICIDE  LOTHER SIGNIFICANT CONDITIONS  215. PLACEOFINJURY (e.g., in or about SUICIDE HOMICIDE)  LOTHER SIGNIFICANT CONDITIONS  216. INJURY OCCURRED WHILE AT WORK NOW WHILE AT WORK  217. HOW DID INJURY OCCURT  218. HOW DID INJURY OCCURT  219. HOW DID INJURY OCCURT  221. Horeby certify that I attended the deceased from Nax 2 3, 19 53, to March 25 16 4, that I last saw the deceased alive on 25 Left 13 fighthat death occurred at 4 P m., from the causes and on the date stated above.  22a. SIGNATURE  DEFENOR OF CEMETERY OR CREMATORY  23b. ADDRESS NO DET 1y, NO 3/30 5  ACCIDENT SIGNATURE  ACCIDENT SIGN	١	Disease								
the underlying date tots.  DUE TO (c)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition accounting death.  19a. DATE OF OPERA  TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE  SUICIDE  Conditions contributing to the death but not related to the disease or condition accurring death.  21b. PLACEOFINJURY (s.e., in or about bome, farm, factory, street, office bidg., etc.)  POMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT MOTE W	l			aterna DUE TO (b)			•			
East, injury, or compileation which caused death.  11. OTHER SIGNIFICANT CONDITIONS  120. AUTOPSY?  121a. ACCIDENT  121b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21d. How Did Injury OCCUR?  21d. H	ļ		mode of syring, such Anorone conductors, if any, giving heart failure, asthenia, rise to the above cause (a) stating							
tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  ISA. DATE OF OPERA.  ISB. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE LONG (Bpecity) SUICIDE HOMICIDE  21d. TIME (Month) SUICIDE SUICIDE SUICIDE HOMICIDE  21d. TIME (Month) SUICIDE	I		It means the dis- se, injury, or complica- m which caused death.  II. OTHER SIGNIFICANT CONDITIONS							
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TION  21a. ACCIDENT (Bpecify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  21d. Time (Month) (Day) (Tear) (Eleur) 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK  21 I hereby certify that I attended the deceased from Nar 2 3, 19 53, to March 25 154, that I last saw the deceased alive on 25 12 fold hat death occurred at 4 P m., from the causes and on the date stated above.  22a. SIGNATURE  22a. BURIAL. CREMA 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY 24d, LOCATION (City, town, or county)  24a. BURIAL. CREMA 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY 24d, LOCATION (City, town, or county)  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  25 PUNERAL DIRECTOR'S SIGNATURE  ADDRESS  REG. PLACE  ADDRESS	I		Conditions contri related to the disc	ibuting to th ase or condi	se death but not ition causing death.			4431		
21a. ACCIDENT (Bpacify) 21b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21d. TIME (Month) (Day) (Year) (Eour) 21e. INJURY OCCURRED WHILE AT WORK   21f. HOW DID INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Eour) 21e. INJURY OCCURRED WHILE AT WORK   21f. HOW DID INJURY OCCUR?  22 I hereby certify that I attended the deceased from   Wax 2 3, 19 53, to   March 25 154, that I last saw the deceased alive on   25   12 fold   4 P m., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title) 23b. ADDRESS   22c. DATE SIGNED   3/30 5    24a. BURIAL, CREMA- 24b. DATE   24c. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   County   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county)   25d. NME OF C									20. AUTOPSY?	
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21d. TIME (Month) (Day) (Year) (Eour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NO		SUICIDE home, farm, fa				21c. (CITY, TOWN, OF	R TOWNSHI	P) (COUNTY)	(STATE)	
22 I hereby certify that I attended the deceased from Nar 23, 1953, to March 25, 154, that I last saw the deceased alive on 25 March 25 march death occurred at 4 P m., from the causes and on the date stated above.  23a. SIGNATURE  Degree or title)  23b. ADDRESS  NODERLY, NO 3/30.5  24a. BURIAL. CREMA 24b. DATE  10B. REMOVAL (Speedly)  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  Land March 25, March 124, Local March 125, March 264, Local Director's Signature  ADDRESS  MARCH 25, 164, that I last saw the deceased alive on the date stated above.  25c. DATE SIGNED  3/30.5  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS  MARCH 25, 1654, that I last saw the deceased alive on the date stated above.  25c. DATE SIGNED  15c. DATE SIGNED  15c. DATE SIGNATURE  ADDRESS  MARCH 25, 1654, that I last saw the deceased alive on the date stated above.  26c. DATE SIGNED  16c. DATE SIGNATURE  ADDRESS  MARCH 25, 1654, that I last saw the deceased alive of the date stated above.  26c. DATE SIGNED  27c. D	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJUR OF WHILEAT NOT WHILE						Y OCCUR?			
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23a. SIGNATURE  Degree or title)  23b. ADDRESS  MODERLY, MO  24c. DATE SIGNED  3/30.5  24c. DATE SIGNED  3/30.5  24c. DATE SIGNED  3/30.5  24c. DATE SIGNED  3/30.5  ADDRESS  Label Degree or title)  MODERLY, MO  3/30.5  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE SIGNATURE  ADDRESS  PLACE DEGREE D		alive on 25 No 1719 and shat death occurred at 4 P m., from the causes and on the date stated above.								
24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Boadsy)  May 2 / 1651 to Plate Cemelary  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  PARTY OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county) (State)  To Plate No. 1  ADDRESS  MAY 7-54 Leads Needless (Seven No. 1)  May 1-54 Leads No. 1)  May 1-54 Le						· · · · · · · · · · · · · · · · ·			23c. DATE SIGNED	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 0769 & MUNERAL DIRECTOR'S SIGNATURE ADDRESS REG. THE PLANT OF PLANT MILLS ADDRESS MALL 7-5 YEAR DELEGATION SELVEN WILLOW TO PLANT MILLS ADDRESS MALL 7-5 YEAR DELEGATION SELVEN WILLOW TO PLANT MILLS ADDRESS MALL 7-5 YEAR DELEGATION SELVEN WILLOW TO PLANT MILLS ADDRESS MALL TO THE PLANT MILLS ADDRESS MALL TO		新	JE MYSY	THE STATE OF	WIND O	• •	у - МО		<u>  3/30あり</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2167 & PUNERAL DIRECTOR'S SIGNATURE ADDRESS WALL 7-54 Lab Sheeper Sive Connexton, Willow To Plate Mills,		TION, REMOVAL (Breakly)	24b. DATE	>195		RY OR CREMATORY	240, LOCA	ation (Oity, town, or o	ounty) (State)	
many 7-54 Calibraciase Serve Konner Willan to Plate Mis,		DATE REC'D BY LOCAL	. REGISTRAR'S	SIGNATUR		25 PUNERAL DIRE	CTOR'S 8	SI GNATURE	ADDRESS	
(Licensed Embalmer's Statement on Reverse Side)		Man 2 7 - 5	L'ans	Gea oa	acce Jaine	Konnette	2. W.	lson to Pe	at Mo.	
	ı				(Licensed Embalmer's	Statement on Reverse S	ide)			



BR 27 1 1850

## 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
vorking under my personal supervision.	Student Embalmer No.
countries more my personal supervision.	Manneston Ali Dam

P. O. Address 19 Late 110.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply we the above constitutes grounds for revocation of license.)

Licensed Embalmer No

If this body is not embalmed, fact should be so stated above.

Student Embalmer