						THE DI	VISION OF HE	ALTH OF MISSOU	IR1		24 5	yiy	
ith,		rurn 001	гο	4057		STAND	ARD CERTIF	CATE OF DEA	TH	STATE	310	<i>6</i>	
elfare	ļ	FILED OCT	1 0	1957			137.	mary Registration C				SER	۱۵
blic rvice	ļ			Regis:	tration Di	istrict No							
1	ы	1. PLACE OF	PEATH					2. USUAL RESID	DENCE (Where	deceased_lived.	f institution:	Residence b odmis	
	Ì	a. COUNTY		Henry	7			a. STATE	Missour	i 6. COO	Henry		, · ,
00 - 56	ı	b. CITY (If a	viside	corporate lim	its, give	TOWNSHIP only	Inside Limits	c. CITY OR			220	Inside L	.imits
- 30	l	TOWN		Clinton			Yes X No D	TOWN	Clinton		040	Y-ss 💇	No O
	[c. FULL NA	ME OF	(If NOT in ho	spital, gi	ive location) Len	gth of stay in 1b	d. STREET	*	(If outside, giv	e location)	Reside	on Farm
vi	L	INSTITUT	IONC]	inton (Gener	al Hosp.	3 mo.	ADDRESS	519 Ea	st Jeffer	son St	Yes D	№ 🛣
Sesnoo	Ī	. NAME OF			First		Middle	Last			Month D	ay Y	ar
ŭ T	ı	(Type or print)		Al:	ice	Fran	ices	Hughes	ŀ	DEATH Sept	. 29,]	L957	
2	ŀ	i. SEX	1 6	COLOR OR R	ACE :	7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH	-	9. AGE (In years	IF UNDER 1 YE	AR OF UNDER	
Ē	ı	Female	ľV	hite	-	WIDOWED	DIVORCED	Sept. 17,	1866	last dirthday) 91	Mantha Day	2 Hours	Min.
a death due to natural POSSIBLE	ŀ	0a. USUAL OCCUP	ATION (Give kind of wo	rk done	106. KIND OF BUSIN		11. BETAPLACE (Cit	y gelf state or c	obytry) C	12. CITIZEN OF	WHAT COUN	TRYT
å "	1	Houseke		ng life, even if	relirea)			Tama	1/612	Mo	USA		
at SIB	ŀ	3. FATHER'S NAM		·				TA. MOTHER'S MAID	EN HAME	J. J. J		-	
a death POSSIBL	ı	REV 1	1. V	V. Bol	Y D			EVA LI	GON				
5 π 9 π	t	5. WAS DECEASED		IN U. S. ARMEI			AL SECURITY NO.	17. INFORMANT	<u> </u>	Addi	C88	R	
	ı	Mo.	" "	yes, give war ar c	sales of seri	7/12	111-	mu. wil	liana 1	ulem i an o	mout		m.
oot certify PEWRITE	t	18. CAUSE OF		-		e per line for (a),	(b), and (c).]	711-11-0-1		30.10	IN	TERVAL BET	WEEN
, W	ſ	PART I.		WAS CAUSED E MEDIATE CAUS		MYOC	ARDIT	T15		•	["	4 W	671F1
cannot { TYPE	ı				,								,
	ı	Conditi	ons, if a	ny.) Due 1	TO (b)	ARTER	RIOSCL	EROSIS				1 Y.B	2
Seroner o	ı	which g	cause	e (o (a),			· · · · · · · · · · · · · · · · · · ·		•	- -			
Chraner RIBBON	1,	stating lying			TO (c)								
œ		PART II.	OTHER :	SIGNIFICANT CO	NOITIONS CO	ONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL DISE	ASE CONDITION G	IVEN IN PART I(a)	19.	WAS AUTO	PSY D
casually related. -Y BLACK INK C		<u> </u>								422		ES NO	
5 X	H	20a. ACCIDENT	SI	_	_	206. DESCRIBE HO	W INJURY OCCURR	D. (Enter nature of	(injury in Par	t I or Part II of it	em 18.)		
.≟ Ū													
sua BL	Ŀ	20c. TIME OF	Hour a.m.		y Year								
	I		p. m.			<u>-</u>							
₹ Z	ľ	WHILE AT	CCURRE	D 2	Oe. PLACE	OF INJURY (e. g., factory, street, offi	in or about home,	20/. CITY, TOWN, C	OR LOCATION	c	OUNTY		STATE
must USE (l	WORK AT	AT W	ORK	JE: 113 ,	, out (e1, og)		<u> </u>					
-	Į.	21. 1 attend	ed the	deceased fro	om	AUGUST	<u> 1957:0 _</u>	99 SEPT.	- 1957 d las	st saw her ali	re on 🎿	28	SEPT.
Par		Death oc		d at	<u> </u>	15 a	_m on the date	stated above; an	d to the best	of my knowled	ige, from ti	he causes	selled.
<u>.</u> .		22a. SIGNATU	JRE	0 10		(Degree or title)		226. ADDRESS	/	m.		22c. DAJE :	SIGNED
<u>.</u>	L	- Vu	97	<u>a</u> 25.	<u> </u>		M, MD	Clin	ton			3084	4 /95]
	[2	3g. BURIAL, CREMA REMOVAL (Spe		236. DATE			F CEMETERY OR C	-		ON (City, town, or	_	(State))
=	L	Burial		Oct:1	<u>, 195</u>		reek Ceme			ose, Mo.			
	ŀ	4. FUNERAL DIREC	TOR	- 	300	RESS		TE RECD. BY LOCAL		GISTRAR'S SIGNA			
?/-0	L	14.4.1K	w	aut.	- 6ll	inton.	Mo. 7-	30-57	12	uldred	1 De	gun	<u>~~</u>
			_			(Licensed Emi	balmer's Statem	ent on Reverse S	ide)				

STATEMENT BY LICENSED EMBALMER

I hereby certify t	hat the body whose	e name is reco	rded on the re	verse side of th	is certificate was
by me, or by		·····		, Student	Embalmer No
working under my pers	onal supervision.				• .

Student...

Signed H. L. Vansau Licensed Embalmer No. 3.7

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.