FILE NUMBER STATE FILE			THE DIVISION OF HEALTH OF MISSOURI		59-02	59-021116	
1. PLACE OF DEATH	1	STANDARD CERTIFICATE OF DEATH					
B. COUNTY SOME AND COUNTY SOME	FLE	ED JUN 22 1959 Registration District N	lo				
OR TOWN WINDERS OP OP OP OP OP OP OP O	'			2. USUAL RESIDENCE (Where deceased lived. If institution b. COUNTY	n: Residence before admission)	
MOSPITAL OR Month Dogsital 16 grs. ONE Description ONE OF		OR ·		OR	idsoc	Inside Umits Yes No	
Type or print) NALTER NELSON DOCKWOOD DEATH June 18 DATE OF BIRTH D. AGE (In year) FUNDER I YEAR IF UNDER I YEAR I Y	0	HOSPITAL OR A 1	ويستامين	oy 20 ADDRESS 5/0	(If outside, give location)	Reside on Farm Yes No 🖅	
5. SEX 6. COLOR OR RACE 7. MARRIED PIEVER MARRIED 8, DATE OF BIRTH 9, AGE (In you get PUNDER I YEAR IF UNDER I YEAR	3	(Type or print)			OF C	Day Year	
Male o While NIONRED DIVORCED DIVORCED					<u> </u>	/3. /95	
130. FATHER'S NAME 130. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE		male o White 1"	100WED DIVORCED	Sept 5, 1881	last birthday) Months Do	nya Hours M	
13b. MOTHER'S NAME 14. NAME OF HUSBAND OR WIFE 15. MAS DECEASED EVER IN U. S. ARMED FORCES? (Year go, o, unknown) (If year, prince per dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT 17.	104	June met of working life, even if retired)		11. BIRTHBLACE (City and stat	م. ا ` مسد	N OF WHAT COUNTR	
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).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. Conditions, if any, which gave rise to observe cause (d), strong the under line) 20. Conditions, if any, which gave rise to observe cause (d), strong the under line) 21. DUE TO (c) 22. DUE TO (c) 23. ACCIDENT SUICIDE HOMCIDE 24. ACCIDENT SUICIDE HOMCIDE 26. CIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART II or PART II of item 18.) 26. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, Death occurred) 27. I attended the deceased from Mille AT MORK 28. SIGNATURE 29. DATE SIGNATURE 29. DATE 20. SIGNATURE 20. DATE 20. DATE 20. DATE 20. NAME OF CEMETERY OR CREMATORY 20. LOCATION, (City, town, or county) 20. PLACE OF INJURY (e.g., in or about home, Death occurred) at the per line of the less of my knowledge, from the causes stated. 20. SIGNATURE 20. SIGNATURE 20. SIGNATURE 21. Lottended the deceased from Death occurred at the per line of the less of my knowledge, from the causes stated. 21. Lottended the deceased from Death occurred at the per line of the less of my knowledge, from the causes stated. 22. SIGNATURE 23. SIGNATURE 23. DATE 23. DATE 23. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	130	30. FATHER'S NAME	136. MOTHER'S MAIDEN NA	ME /	14. NAME OF HUSBAND OR WIFE		
15. OCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) 19. Canditions, if any, which gave rise to observe course (d), storing the under (d), storing the und	X	uther H. Lackward	martha	Hullon	Alouna m	refiels	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to obove cause (a), straining the under laying couse last. DUE TO (b) PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PERFORM YES 20a. ACCIDENT SUICIDE HOMICIDE NUILLY 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 P.m. 20d. INJURY 0 20d. INJURY OCCURRED WHILE AT NOT WHILE WORK 21. I attended the deceased from occuration for the part of the	15.	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	1		Address 4	1-1 7	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to educe cause (a), stating the under least. DUE TO (b) PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease candition given in PART I (a) PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease candition given in PART I (a) PERFORM YES NO. ACCIDENT SUICIDE HOMICIDE 20a. ACCIDENT SUICIDE HOMICIDE INJURY a.m. INJURY a.m. INJURY a.m. INJURY OCCURRED WHILE AT NOT WHILE OR PLACE OF INJURY (e.g., inter about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATEMENT AT WORK 21. I attended the deceased from Death occup of the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22b. ADDRESS / 6	-			Mrs Waller	THE CONTRACT OF THE CONTRACT O	TERVAL BETWEE	
Conditions, if any, which gave rise to bobbe cause (a), steining the under list. DUE TO (b) WIRLIA - Melling in the state of the terminal decase condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal decase condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal decase condition given in PART I (a) PERFORM YES YES YES	1	PART !- DEATH WAS CAUSED BY:	(a), (b), (b), (c).		l "i	ONSET AND DEAT	
which gave rise to chove cause (a), stating the underly right course last. DUE TO (c) 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 OCCURRED WILLEAT NOT WHILE AT NOT WHILE Tarm, factory, street, office bldg., etc.) 21. I attended the deceased from Death occupation Death occupation 22c. SIGNATURE DUE TO (c) ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUT PERFORM HE OF HOUR MONTH, Doy, Year INJURY occurred injury in PART I or PART II of item 18.) 21. I attended the deceased from Death occupation Death occupation Death occupation 22c. SIGNATURE Description 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Strete) REMOVAL (Squeity) ADDRESS 22c. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		IMMEDIATE CAUSE (a)	will			7 days	
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20a. 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 a.m. p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE WORK 21. I attended the deceased from Death occupaged Homology and the date stated above; and to the best of my knowledge, from the causes stated. 22d. SIGNATURE 22d. SIGNATURE 23a. BURIAL, CREMATION, 23b. DATE 23a. NAME OF CEMETERY OR CREMATORY REHOVAL (Specify) 24. FUNERAL DRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE			CONTRIBUTING TO DEATH but A	at related to the terminal decose	condition given in PART I (a)	19. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT MOT WHILE AT WORK 21. I attended the deceased from Death occurred at Dea	ERT	· – – – 1	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injur	y in PART I or PART II of item 18		
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Death occupated 4.20 Rm on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Degree or title) 0 22b. ADDRESS / 6 Concerns (6/97/ 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		20d. INJURY OCCURRED 20e. PLACE OF WHILE AT NOT WHILE TO Storm, foct	OF INJURY (e.g., in or about home lory, street, office bldg., etc.)	, 20f. CITY, TOWN, OR LOC	ATION COUNTY	STATE	
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230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 10wn, or county) (State) REMOVAL (Specify) ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE					Lo man.	22c. DATE SIGNE	
24. FUNFRAY DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	230	o. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	23c. NAME OF CEMETERY OR C	CREMATORY 23d. LO	OCATION (City, town, or county)		
		Byrial June 15/19	Taurel Bak	Comeley	Windson	mo.	
A DOOR I'M A A COLOR OF THE PARTY OF THE PAR	24.	Blis M. Huston &	(1-0 7-1	. – ~ – .	Muldred !	Sigun	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

Student Embalmer No.

-j, or of 1	
working under my personal supervision.	
Student	Signed W. Leanard Downing
Signature of Student Embalmer	7
	Licensed Embalmer No. 5.0.6.7

P. O. Address Windson Mo 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.

hy me or hy

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