| DEPARTMENT OF PUBLIC HEALTH AND WELL AND STORY Registration Districts No. 40.00. STATE PLEATMENT OF PUBLIC HEALTH AND SELECTION PRODUCTION OF STATE PLEATMENT OF PUBLIC HEALTH AND SELECTION PRODUCTION OF STATE PLEATMENT OF PUBLIC HEALTH AND SELECTION PRODUCT OF PUBLIC HEALTH AND SELECTION P | MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 66 0006252 | | | | | | | |
|--|--|------------|-----|--------------------|----------|--------|--|--|
| 1. FLACE OF BEATH 7 1966 1. FLACE OF BEATH 8 1966 1. FLACE OF BEATH | | | | | | | | |
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| OPTION OF THE CONTROL OF SECRET PRODUCT OF STATE OF SECRET PROBLEM PRODUCT OF STATE OF SECRET PROBLEM | vs 300 | ا ۾ا | 1 | 1 1 | ı | ٠ | a. COUNTY HONDY admission) | |
| OPTION OF THE CONTROL OF SECRET PRODUCT OF STATE OF SECRET PROBLEM PRODUCT OF STATE OF SECRET PROBLEM | Rev. 4/59 | Ş. | i | | | | b. CITY (If outside corporale limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR OR | |
| OPTION OF THE CONTROL OF SECRET PRODUCT OF STATE OF SECRET PROBLEM PRODUCT OF STATE OF SECRET PROBLEM | 1 - 4 (0 2) | W | | 11 | | | TOWN DOG OUTS TEXT 2 YES NO D | |
| 3 3 3. NAME OF DECISASD Part Comparison | _'0420 | w | | | | | c. FULL NAME OF (ITINOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR ADDRESS | |
| The state of the s | 20420, | ă | _ | $\perp \downarrow$ | ١ | _ | PER PUBLISHE A STREET TO HABRELY TO PER DIMETED | |
| 5. SEX 6. COLOR OR RACE 7. Married B. Never Married 10. DATE OF BIRTH 9. AGE (list birtholey) 1000ct Married Married 10. DATE OF BIRTH 9. AGE (list birtholey) 1000ct Married Married 10. DATE OF BIRTH 9. AGE (list birtholey) 1000ct Married Married 10. DATE OF BIRTH 9. AGE (list birtholey) 1000ct Married Married 10. DATE OF BIRTH 10. USUAL OCCUPATION (Clive kind of work done) 100. KIND OF BUSINESS OR NICOUSTEY 11. BIRTHPLACE (City and state or country) 12. CHIZER OF WHAT COUNTRY 11. MARRIED NAME 11. MARRIED NAME 12. ANAMED PART I. DATE OF BURNESS OR NICOUSTEY 11. BIRTHPLACE (City and state or country) 12. CHIZER OF WHAT COUNTRY 11. MARRIED NAME 12. ANAMED PART II. DATE OF BURNESS OR NICOUSTEY 11. BIRTHPLACE (City and state or country) 12. CHIZER OF WHAT COUNTRY 12. ANAMED PART II. DATE OF BURNESS OR NICOUSTEY 11. BIRTHPLACE (City and state or country) 12. CHIZER OF WHAT COUNTRY 13. ANAMED PART II. DATE OF BURNESS OR NICOUSTEY 13. SOCIAL SECURITY NO. 17. INFORMANT 14. NAME OF HUSBAND OR WIFE 14. ANAMED PART II. ANAMED PART II. SOCIAL SECURITY NO. 17. INFORMANT 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED VIRTH WAS CAUSED 16. SOCIAL SECURITY NO. 17. INFORMANT 14. NAME OF HUSBAND OR WIFE 16. CAUSE OF DEATH (Enter only one source per line for (pt. (b), and (c) 14. NAME OF HUSBAND OR WIFE 17. ANAMED PART II. OR SOCIAL SECURITY NO. 17. INFORMANT 14. NAME OF HUSBAND OR WIFE 18. WAS AUTORY 18. NO. 18. NO. 18. NAME OF HUSBAND OR WIFE 19. NO. 1000 1 | 3 | 1 | 1 | | | 3 | (Type or print) | |
| Address Part II of the More Part I of the More Part | 4 1 | | | | | 5 | Tauc II. Diebur Pepitaling 26. 166 | |
| Date | 5 1 | | | | | • | thought David Moure Min | |
| 13. FATHER'S NAME 13. MANE OF HUSAND OR WIFE 13. MANE OF HUSAND OR WIFE 13. MANE OF HUSAND OR WIFE 14. NAME OF HUSAND OR WIFE 15. WAS DECEASED EVER IN U.S. RAMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U.S. RAMED FORES? 18. CAUSE OF DEATH fenier only one cause par line for high, bb, and (c). 10. OR ONE OF DEATH fenier only one cause par line for high, bb, and (c). 11. CAUSE OF DEATH fenier only one cause par line for high, bb, and (c). 12. U.D3 or high substitute of the limited of | | | | Ш | | 10 | De USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (City and state or country) 12, CITIZEN OF WHAT COUNTRY | |
| ROBERT I BROWN NOT COMMITTED TO BEATH GAME AND PORCEST IN SUCCIDE HOMICIDE | | | | | | -12 | TRASH Hauler / RASH BROWNINGTON, MO. U.S. A. | |
| 15. WAS DECEASED EVER IN U.S. ABMED FORCES? 10. 9981 X 10. 00 00 00 00 00 00 00 00 00 00 00 00 0 | / ∧ = | 4 | | | | 2 | | |
| 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | 8 2 | - | | Ш | | | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| INMEDIATE CAUSE (a) SUM NAST WITHOUT of the least was female was f | 9991 1 | ן ו | - 1 | | ı | (Y | NO 1 1509-16-2 K30 LANDA KROWN DOEPWALER, MO. | |
| Conditions, if any, which gave rise to above cause (el., byting dause last.) Due to (c) Synce PART II. OTHER SIGNIFICANT CONDITIONS PART III. If deceased was female was female was female was female was female was female and seven there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS PART III. OTHER SIGNIFICANT CONDITIONS PART III. If deceased was female was fem | 10 | ۱ ا | 1 | 11 | Z | ' | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (el., byting dause last.) Due to (c) Synce PART II. OTHER SIGNIFICANT CONDITIONS PART III. If deceased was female was female was female was female was female was female and seven there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS PART III. OTHER SIGNIFICANT CONDITIONS PART III. If deceased was female was fem | - | 6 | | 1 1 | ∑ | | IMMEDIATE CAUSE (a) Sunshot worms of the week Summed | |
| White AT WORK DOWN NOT WHILE AT WORK DOWN NOT | 10 | S C | | - | ŏ | | conditions it any DIE TO (b) 11th the fourture of the curvical | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was female was inhere a pregnancy in last 70 days. OSSIVE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was fe | 1290-3 | | | | | | which gave rise to above cause (a), | |
| NOW HE AT WORK DESIGNATION TO THE COUNTY STATE WARCH CREMATION TO | 13 /-0 | - | + | +- | ı | | | |
| TO WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART 1 or PART 11 of Item 18.) TO WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART 1 or PART 11 of Item 18.) TO Short by wife at the person of the Item 18.) To Short by wife at the person of Injury in PART 1 or PART 11 of Item 18.) TO Short by wife at the Item 18 | | 5 | | | ı | Š | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female w | |
| 206. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 206. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 207. INJURY OCCURRED WHILE AT WORK PAPER 208. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Af home 209. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Af home 209. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Af home 209. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Aftherwise of the place of the p | | | | | | | ☐ Yes ☐ No ☐ Unknown | |
| 206. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 206. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 207. INJURY OCCURRED WHILE AT WORK PAPER 208. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Af home 209. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Af home 209. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Af home 209. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Aftherwise of the place of the p | NA CO | 1 | | | | ERTIF | PERFORMED? | |
| 206. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 206. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 207. INJURY OCCURRED WHILE AT WORK PAPER 208. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Af home 209. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Af home 209. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Af home 209. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Aftherwise of the place of the p | | | | | J | | YES NO SE Short by wife at Home | |
| Not write At work of Af home 21. I grended the decessed from unafficial, to | _ Z o S | { | | | | EDIC | INJURY 2-26-66 | |
| Not write At work of Af home 21. I grended the decessed from unafficial, to | <u> </u> | | ĺ | | | ₹ | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| Death occurred at application of the date stated above, and to the best of my knowledge, from the class stated. 22 Signature County County | | | | 1 | | | NOT WULLE AT WOOD □ | |
| Death occurred at application of the date stated above, and to the best of my knowledge, from the class stated. 22 Signature County County | ₹ 6 | EAI | | | | | 21. I sylenged the deceased from unafficial, to and last saw her him alive on | |
| 236. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (State) 23d. LOCATION (City, town, or county) | w X Q Death occurred et approx. O pm on the | | | | | | | |
| 236. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (State) 23d. LOCATION (City, town, or county) | US | 덛 | | | 9 | | | |
| REMOVAL (Specify) Buzial Buzial ABRCH 1, 1966 Goodhope Ceryetery Henry County, Missouri 21. FUNERAL DIRECTOR ADDRESS 25. DATE RECOLDEY LOCAL REG. 126. REGISTRAR'S SIGNATURE R.E. Nichels Chapels Clinton, Mo. 2-28-66 Wildred Biguine | ۲ | S | | | ₹ VI | 27 | 18. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) | |
| | | Š | | | ĮŽ. | | REMOVAL (Specify) | |
| TAXABLE CALL | } | E | | 1 | ¥ | 2 | FUNERAL DIRECTOR ADDRESS 25. DATE RECOLBY LOCAL REG. 26. REGISTRAR'S SIGNATURE | |
| | | = | | | œ | 4 | 1.A. Maria Cara | |

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STATEMENT BY LICENSED EMBALMER

| | is recorded on the reverse side of this certificate was embalmed by me, |
|--|---|
| or by | , Student Embalmer No |
| working under my personal supervision. | |
| Student | _ Signed |
| Signature of Student Embalmer | |
| : | Licensed Embalmer No |
| · | P. O. Address_ K. P. Tud |

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.