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S 300 NS 300 S	DEP	ARTME	NT C	FP		C HEALTH AND WELFARE 137 Primary Pagistration District No. 3033 Registration District No. 336 STATE FILE NUMBER	001			
1. First of state 1. F	DO NOT WRITE ON THIS STUB	,	AMENDED							
B. C. CITY (If our died compress limits, give TownScript evils) C. CITY Control Compress town C. CITY C	V\$ 300	ا ۾			1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residen				
ACCORDINATION Wet2el Hospital Year Not According to the last property Year Not N	Rev. 4/59	2]		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OP OP				
ACCORDINATION Wet2el Hospital Year Not According to the last property Year Not N		ME]		TOWN Clinton 21 days TOWN Lowry City (*) Yes a				
3 3 4 7 8 1 1 1 1 1 1 1 1 1	0425					HOSPITAL OR ADDRESS				
3 3 4 7 8 1 1 1 1 1 1 1 1 1	² 0930			1		institution wetzel Hospitak YesX No In Lowry City Yes L	7 No X			
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Formale Solution										
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during may of wighing life, event freshed) SCHOOLTEACHER 13b. MOTHER'S MAIDEN NAME JA. NAME OF HUSBAND OR WIFE JA. NAME OF HUSBAND JA. NAME OF HUSBAND JA.	⁵ O		:		-1/	1 emare will te - mar 21.1097 69	COUNTRY			
13. FATHER'S NAME 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSSAND OR WIFE 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Address 18. CAUSE (P. Info. go unknown) (If yes, give war or delse of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE (P. Info. go unknown) (If yes, give war or delse of service) 16. CAUSE (P. Info. go unknown) (If yes, give war or delse of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE (P. Info. go unknown) (If yes, give war or delse of service) 18. CAUSE (P. Info. go unknown) (If yes, give war or delse of service) 18. CAUSE (P. Info. go unknown) (If yes, give war or delse of service) 18. CAUSE (P. Info. go unknown) (If yes, give war or delse of service) 18. CAUSE (P. Info. go unknown) (If yes, give war or delse of service) 18. CAUSE (P. Info. go unknown) (If yes, give war or delse of service) 18. CAUSE (P. Info. go unknown) 18. CAUSE (P. Info.	6	જ			1 "	during mast of working life away if making)	COOIVIKI			
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STATE	122-2	S R STE		-	'	which gave rise to				
TO STATE 19. WAS AUTOPSY PERFORMED? Yes No Unknown No. There is pregnancy in last 90 days. No. Unknown PERT I of Item 18.) 19. WAS AUTOPSY PERFORMED? Yes No. Unknown PERT I of Item 18.) 19. WAS AUTOPSY PERFORMED? Yes No. Unknown PERT I or PART II of Item 18.) 19. WAS AUTOPSY PERFORMED? Yes No. Unknown PERT I or PART II of Item 18.) 19. WAS AUTOPSY PERFORMED? Yes No. Unknown PERT I or PART II of Item 18.) 19. WAS AUTOPSY PERFORMED? Yes No. Unknown PERT I or PART II of Item 18.) 19. WAS AUTOPSY PERFORMED? Yes No. Unknown PERT I or PART II of Item 18.) 19. WAS AUTOPSY PERFORMED? Yes No. Unknown PERT I or PART II of Item 18.) 19. WAS AUTOPSY PERFORMED? Yes No. Unknown PART I or PART II or	13/-0	-		\vdash		stating the under- lying cause last. DUE TO (c) (g true close)				
NOT WHILE AT MORK 20c. TIME OF Hour INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, p.m. p.m. p.m. p.m. p.m. p.m. p.m. p.m					NO I	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 there a pregnancy in	female was last 90 days.			
NOT WHILE AT MORK 20c. TIME OF Hour INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, p.m. p.m. p.m. p.m. p.m. p.m. p.m. p.m					Σ̈́	Yes No				
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Death occurred at	7	ME								
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Death occurred at. 21. 1 attended the deceased from occ. 1 5 1964, to the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Death occurred at. 22b. ADDRESS 22c. DATE SIGNED Death occurred at. 23a. BURIAL, CREMATION, 23b. DATE DUTIAL 23b. BURIAL, CREMATION, 23b. DATE DUTIAL 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. DATE RECD. BY LOCAL REG. DATE SIGNATURE Sickman-Dunning F H Clinton, Mo 25. DATE RECD. BY LOCAL REG. DATE SIGNATURE Sickman-Dunning F H Clinton, Mo 26f. CITY, TOWN, OR LOCATION COUNTY STATE 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. 1 attended the deceased from first part of the date stated above, and to the best of my knowledge, from the causes stated. 22b. ADDRESS 22c. DATE SIGNED 22c. DATE SIGNED 22d. DATE SIGNED 22d. DATE SIGNED 22d. DATE RECD. BY LOCAL REG. 22d. REGISTRAR'S SIGNATURE SICKMAN DATE 22d. DATE RECD. BY LOCAL REG. 22d. REGISTRAR'S SIGNATURE SICKMAN DATE 22d. SIGNATURE SIGNED 22d. DATE RECD. BY LOCAL REG. 22d. REGISTRAR'S SIGNATURE SICKMAN DATE 22d. SIGNATURE 22d. DATE RECD. BY LOCAL REG. 22d. REGISTRAR'S SIGNATURE SICKMAN DATE 22d. SIGNATURE 22d. DATE RECD. BY LOCAL REG. 22d. REGISTRAR'S SIGNATURE SIGNATURE SIGNATURE 22d. DATE RECD. BY LOCAL REG. 22d. REGISTRAR'S SIGNATURE SIGNATURE SIGNATURE 22d. DATE RECD. BY LOCAL REG. 22d. REGISTRAR'S SIGNATURE SIG	RIBBON	₹			MED.	INJURY a.m. p.m.				
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23. BURIAL (CEMATION, 23b. DATE 22c. NAME OF CEMATION 23d. IOCAMON (City, 18wh, of Edulity) (State) BUILD 8 BUILD 1 23b. BURIAL (Specify) 23b. DATE 22c. NAME OF CEMATION 23d. IOCAMON (City, 18wh, of Edulity) (State) BUILD 1 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Sickman-Dunning F H Clinton, Mo 8-15-1966 Multiply Biguing	BLA BEA					21. I attended the deceased from				
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Sickman-Dunning F H Clinton, Mo 8-15-1966 Milered Bigum					-		u ri			
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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	, Student Embalmer No.
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Signed
	Licensed Embalmer No. 42/4
	P. O. Address Cles I - ma

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.

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