FILED JUN 4 1951 STANDARD CERTIFICATE OF DEATH  1. PLACE OF DEATH 2. COUNTY  BARTY  B. COUNTY  BARTY  C. LIENTH ON  C. CITY (If contained from a lamb and a regulation, first acress and form on trousland or 15 ThY in a lab place of 15 ThY in a lab pl	rš		THE DIVISION OF HE			45500
BATTY  D. CITY CIT outsides corporate limits, write RUBAL and give setuming of the company of th	FILED JUN	4 1951	STANDARD CERTIF	FICATE OF DEA	ATH State Fil	15529
a. COUNTY  D. CITY CII oesista corporate illusia, with a RTDAL and given township)  TOWN RUTAL  4. FULL NAME OF CII favit to business or includent in the control of the co	BIRTH NO.		REG. DIST. NO			
BATTY  BATTY  BATTY  C. CITY (II overlade corporate limits, write RRIBLA and grey process fluids, write RRIBLA and grey process fluids, write RRIBLA and grey process fluids, write RRIBLA and grey process fluids. Write RRIBLA and grey process. And a company of the co		ATH		2. USUAL RESID	ENCE (Where decreased lived.	If institution: residence before
OR TOWN RUFAL STATE COUNTY (as this boundard or inseptitions, etre street address or location)  1. If 8  1. If 8  1. If 8  1. STREETS  ADDRESS  (First)  1. ADATE (Month) (Day) (Year)  1. DECATH (Month) (Day) (Year)  1. DEC	a. COUNTY	Barry		Mis:	souri	Barry
A FULL MAKE OF (If soil is broughtal or langfoldion, gire street address or leasted)  A FULL MAKE OF (If soil is broughtal or langfoldion, gire street address or leasted)  A THOMAS OF (If soil is broughtal or langfoldion, gire street address or leasted)  A THOMAS OF (If soil is broughtal or langfoldion, gire street address or leasted)  A THOMAS OF (If soil is broughtal or langfoldion, gire street address or leasted)  B COLOR OR RACE (In Month) (Day) (Yee)  CAP S AS OF (In Month) (Day) (Yee)  MART I ed (In Month) (I	. b. CITY (If outside so OR	rporate limits, write RÜI	RAL and give c. LENGTH OF township) STAY (in this place	ill OR	porate limits, write RURAL and g	ive township)
NATIOTION  at home    Color	<u> Itul ç</u>		Life	TOWN Rur		9 -1.
3. NAME OF DECEASED DECEASED (First) B. (Middle) C. (Lest) BECEASED DECEASED DECEASE	I RUSPIIAL UK	(If not in bospital or inst	Eution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	<b>1</b>
DECEASED  OF 1996 IN 1991 Charles  S. SEX  S.						
S. SX  6. COLOR OR RACE  7. MARRED NEVER MARRIED  Mail 6  White Bord White Bord Never States of	DECEASED	a. (First)	b. (Middle)	C. (Last)	1 OF	· · · · · · · · · · · · · · · · · · ·
MAIL OR WINTED WED DIVORCED (Specific)  OB. USUAL OCCUPATION (Cive kind of voice)  OB. STATER'S NAME  James Ghan  S. KASTER'S NAME  James Ghan  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  No. SOUTH OF HUSEAND OR WIFE  James Ghan  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  No. SOUTHWAY:  James Ghan  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  No. SOUTHWAY:  James Ghan  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  No. SOUTHWAY:  James Ghan  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  No. SOUTHWAY:  James Ghan  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  No. SOUTHWAY:  James Ghan  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  No. SOUTHWAY:  James Ghan  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  James Ghan  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  James Ghan  J. WAS DECEASED EVER IN U. S. ARMED FORCES?  James Ghan  J. WAS DECEASED EVER IN U. S. ARMED FORCES?  James Ghan  J. S. WAS DECEASED EVER IN U. S. ARMED FORCES?  James Ghan  J. WAS DECEASED EVER IN U. S. ARMED FORCES?  James Ghan  J. WAS DECEASED EVER IN U. S. ARMED FORCES?  J.						
100. LISUAL OCCUPATION (Cive hield of each cold considering mounts)  11. BIRTHPLACE (State or forelan eventury)  12. CITIZENOF WHAT COUNTRY!  13. ATHER'S NAME  13. ATHER'S NAME  13. AND THER'S MADE  14. NAME OF HUSBAND OR WIFE  14. NAME OF HUSBAND OR WIFE  15. WAS DECEASED EVER IN U. S. ARMED FORCES!  16. SOCIAL SECURITY  No. THE OF HUSBAND OR WIFE  18. CAUSE OF DEATH  Inter with own are of date of service)  18. CAUSE OF DEATH  Inter only encousage of time for (e.), (b), and (e)  18. CAUSE OF DEATH  Inter fore foreland in the date of service)  18. CAUSE OF DEATH  Inter fore on the consumpter inter foreland in the date of the date of service interest of the consecutive (a) date interest date in the date of the date of the date interest of the consecutive (a) date interest on the date interest of the consecutive (a) date interest on the date in the date interest of the consecutive (a) date interest on the date interest of the date of the date interest on the date interest on the date interest on the date interest of the date interest on the date interest on the date interest of the date interest on the date interest on the date interest of the date interest on the date interest on the date interest on the date interest on the consecutive of the consec	5, SEX /) 6.	· i	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	<u></u>	last birthday)   3	dontha   Days   Hours   Min.
DUSTRY  CAP SA 1 & SMAD  13b. FATHER'S NAME  JAMES GHAN  SI WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15b. WAS DECASED EVER IN U. S. ARMED FORCES? (17. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. Ruth Ghan  15c. WAS DECASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. RUTH GHAN GHAN GHAN GHAN GHAN GHAN GHAN GHA						
Salesman    Salesman			106. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
James Ghan  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY (NO. NO. No. and countries)  17. INFORMANT'S SIGNATURE OR NAME  Ruth Ghan  Ruth Ghan  Fairview, Mo. R#  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  Enter only one onuse per  line for (a), (b), and (c)  "This does not mean  Another conditions, if any, giving DUE TO (b)  "This does not mean  Another conditions, if any, giving DUE TO (c)  "This does not mean  Another conditions, if any, giving DUE TO (b)  III. OTHER SIGNIFICANT CONDITIONS  Of OPERA-  TION  110. MAIGH FINDINGS OF OPERATION  110. MAIGH FINDINGS OF OPERATION  211. ACCIDENT  HOMICIDE  121. MAIGH FINDINGS OF OPERATION  212. ACCIDENT  BUILDING  13. IN PLACE OF INJURY (s. s. in or about the distance of the death of the dea			<del></del>		7	<u> </u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (**c. a.o., or waknow) (II ym. sire war or dates of service) (**No. Ruth Ghan Fairview, Mo. R#  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  **This does not meen the most of dring, such as heart follows, as heart follows, as the disease, injury, or compileation which coused death, injury, or compileation which coused death the dates as a condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the disease or condition cousing death. Due to (c) the date of the death	13a. FATHER'S NAME		136. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBAND O	R WIFE
(Yes. a.o. unknown) (II yes. strew are of dates of service)  NO. Ruth Ghan Fairview, Mo. R#  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, ruch as heart failure, eathenia, de. It means the dis- case, injury, or compilia- tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  *This does not mean the work of dying, ruch as heart failure, eathenia, de. It means the dis- case, injury, or compilia- tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the above cause (a) stating  The underlying cause last.  DUE TO (c)  *This does not mean the work of dying, ruch as heart failure, eathenia, de. It mean the the to the above cause (a) stating the underlying cause last.  DUE TO (c)  *This does not mean the work of dying, ruch ANTECEDENT CAUSES  ANTICON  ANTICON  ANTICON  ANTICON  ANTICON  ANTICON  ANTICON  TON  DUE TO (b)  *This does not mean the work of dying, ruch ANTICON  Conditions contributing to the death but not recause of condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not recause or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not recause or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not recause or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not recause or condition causing death.  III. OTHER SIGNIFICANT CONDITIONS  TON  AND PROVIDED SIGNIFICANT CONDITIONS  DATE SIGNIFICANT CONDITIONS  TON  TON  TON  TON  TON  TON  TON			Not Know	1 <del>-</del>		
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DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  12. DATE OF OPERATION  13. DATE OF OPERATION  13. DATE OF OPERATION  14. ACCIDENT  15. MAJOR FINDINGS OF OPERATION  16. DATE OF OPERATION  17. DEPTH OF OPERATION  18. ACCIDENT  19. MAJOR FINDINGS OF OPERATION  19. MAJO		Line to the moone char	at (u) mumig			
Conditions contributing to the death but not related to the disease or condition contains death.	case, injury, or complica-			y a sew	munder as	<u> </u>
198. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO   21c. (CITY, TOWN, OR TOWNSHIP)  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME  (Month)  (Month)  (Day)  (Year)  (Hour)  (	tion which caused death.				0 /	ρ.
TION Which was bring a month of the death of the property of t		related to the disease	or condition causing death.	1 dead W	hen I saw	hom
21a. ACCIDENT (Bpecily) 21b. PLACE OF INJURY (e.g., in or about SUICIDE (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR?  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from AT WORK AT WORK 31 WORK 31 WORK 31 WORK 31 WORK 32 W the deceased alive on 32 M 3, 19 5, and that death occurred at 32 M 3. ADDRESS 23c. DATE SIGNED 5-17-5  23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 5-17-5  24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State) TION, REMOVAL (Specity) 5/18/51 Muncie Chapel Cem Fairview, Mog R#  DATE RECO BY LOCAL REGISTRARS SIGNATURE (Degree Or Villame) O STUNE SIGNATURE (Degree Or Signature) ADDRESS ADDRESS (Water Urlliame) O STUNE SIGNATURE (Degree Or Signature) ADDRESS (Sparture) ADDRESS (Spartu	19a. DATE OF OPERA-	19b. MAJOR FINDI	NGS OF OPERATION	A ",	- d 11-	20. AUTOPSY?
SUICIDE HOMICIDE    boms, farm, factory, street, office bidg., etc.)   216. INJURY OCCURRED OF INJURY   216. INJURY OCCURRED OF INJURY   216. INJURY OCCURRED WHILE AT NOT WHILE AT WORK   216. INJURY OCCURRED WHILE AT NOT WHILE AT WORK   216. INJURY OCCURRED WHILE AT NOT WHILE AT WORK   216. INJURY OCCURRED WHILE AT NOT WHILE AT WORK   216. INJURY OCCURRED WHILE AT NOT WHILE AT WORK   216. INJURY OCCURRED WHILE AT NOT WHILE OF INJURY   216. INJURY OCCURRED WHILE AT NOT WHILE OF INJURY   216. INJURY OCCURRED WHILE AT WORK   216. INJURY OCCURRED WHILE AT WORK   216. INJURY OCCURRED    A 13 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3		which	was only a	and Miner	of efter alles	
21d. TIME OF (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from alive on 13, 195, and that death occurred at 12 a.m., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title) 23b. ADDRESS  24a. BURIAL. CREMA. 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (Biate)  24a. BURIAL CREMA. 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (Biate)  BURIAL CREMA. 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (Biate)  BURIAL CREMA. 24b. DATE 35 Muncis Chapel Cem Fairyiew, Mog R#  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE. 10 SEPARTURE ADDRESS  May 21-1751 Acase Welliams 0 Welliams 15 Fune Measure May 21-1751	21a. ACCIDENT			21c. (CITY, TOWN, OR	TOWNSHIP) (COUN	
OF INJURY  D. WHILE AT NOT WHILE WORK AT WORK  22. I hereby certify that I attended the deceased from alive on 13, 19 5, and that death occurred at 12 a.m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  24c. NAME OF CEMETERY OR CREMATORY  BUIL 12  24d. LOCATION (Oity, town, or county)  BUIL 12  24d. CREMA- TION, REMOVAL (Speedty)  BUIL 12  ADDRESS  DATE REGISTRAR'S SIGNATURE  (Degree or title)  25 FUNERAL DIRECTOR'S SIGNATURE  (Biste)  26 FUNERAL DIRECTOR'S SIGNATURE  May 21-1751  ADDRESS  AT TOWN, OF CEMETERY OR CREMATORY  ADDRESS  ADDRESS  ADDRESS  SIGNATURE  ADDRESS  Mun cie Chapel Cem  Fairview, Mog R#  ADDRESS  May 21-1751  ACALL WILLIAM  MOG R#  ADDRESS  May 21-1751  ADDRESS  AT TOWN AT THE COUNTY ADDRESS  May 21-1751  ADDRESS  A	HOMICIDE				·	4343
22. I hereby certify that I attended the deceased from BLL No., 19, that I last saw the deceased alive on 13, 1951, and that death occurred at 12 a.m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  24c. NAME OF CEMETERY OR CREMATORY  BURIAL. CREMA- TION, REMOVAL (Specify)  BURIAL CREMA- TON, REMOVAL (Specify)  5/18/51  Muncie Chapel Cem Fairyiew, Mog R#  DATE RECT BY LOCAL  REGISTRAR'S SIGNATURE.  (Degree or title)  25b. ADDRESS  27c. DATE SIGNED  Fairyiew, Mog R#  DATE RECT BY LOCAL  REGISTRAR'S SIGNATURE.  (Degree or title)  27c. NAME OF CEMETERY OR CREMATORY  27c. DATE SIGNATURE  27c. DATE SIGNATURE  (State)  DATE RECT BY LOCAL  REGISTRAR'S SIGNATURE  (Degree or title)  27c. DATE SIGNED  27c. DATE SIGNED  (State)  DATE RECT BY LOCAL  REGISTRAR'S SIGNATURE  (Degree or title)  27c. DATE SIGNED  (State)  (State)  (State)  (Degree or title)  (State)  (State)  (Degree or title)  (State)  (	21d. TIME (Month)	(Day) (Year) (He		211, HOW DID INJURY	OCCUR?	
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Clive on 13, 195, and that death occurred at 12 m., from the causes and on the date stated above.  23a. SIGNATURE  O.S. M. D. 23b. ADDRESS  Wester Mo. 5-17-5  24a. BURIAL. CREMA- TICH, REMOVAL (Speedty) BURIAL CREMA- TICH, REMOVAL (Speedty) 5/18/51  Muncie Chapel Cem Fairview, Mo. R#  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE.  May 21-1751  Address  May 21-1751  Address  May 21-1751  Address  Minimum O. 18 FUNERAL DIRECTOR'S SIGNATURE  May 21-1751  May 21-	22. I hereby certify	that I attended the	e deceased from BLL	Hato atten		
24a. BURIAL CREMATORY TION, REMOVAL (Greentry) BUIT 181  DATE REC'D BY LOCAL May 21-175  Acae Welliams  Wester Mo. 5-17-5  Aboves  Fairview, Mo. R#  SFUNERAL DIRECTOR'S SIGNATURE  ADDRESS  May 21-1751  Acae Welliams  Wester Mo. 5-17-5  Wester Mo. 6  Wester Mo. 5-17-5  Wester Mo. 6  Wester Mo. 5-17-5  Wester Mo. 6  Wester Mo.	alive on Mo	<u> </u>	, and that death occurred at	m., from the	he causes and on the date	stated above.
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE. 10 S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS May 21-1751 Grace Williams Of Months Topic Unlesson. Mo.	23a. SIGNATURE	- 1 - 1	(Degree or title)	23b. ADDRESS	0	23c. DATE SIGNED
DATE RECUBY LOCAL REGISTRAR'S SIGNATURE. 10 S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  May 21-1751 Grace Williams Of Months Topic Wheeler Mo.	0.8.77	Lelall	$\mathcal{M}, \mathcal{D}$	$\omega$	Mestone Mo.	5-17-5
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE. 10 & FUNERAL DIRECTOR'S & CONTURE ADDRESS May 21-1951 Grace Williams O Williams O Wheelow. Mo.	24a. BURIAL, CREMA	24b, DATE	24c. NAME OF CEMETER	RY OR CREMATORY	24d. LOCATION (City, town,	or county) (State)
May 21-1751 grace Williams W. Morris Tope Wheelow. Mo.	Burial	<u>"  5/18/51</u>	Muncie Cha	pel Cem	Fairview, M	O <sub>/</sub> 0 R#
May 41-1751 Grace will ame W-1/100 (1) for (1) helica. 17/0.	DATE REC'D BY LOCAL	REGISTRAR'S SIG	NATURE 10	5 FUNERAL DI REC	TOR'S SIGNATURE	ADDRESS
	May 21-1951	grace	Williams	W-1/lon	es Toque /lh	ulou.Mo.
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DIVISION OF HEALTH OF TO	1875
DIVISION 5 - Spring	610.
DIVISION OF HERLING Springfield District No. 5 - Springfield	1- 25
LUCK MIN' 9 JJU	130
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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......

working under my personal supervision.

Licensed Embalmer No

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.)

Student Embalmer

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