21		THE DIVISE	on of he	ALTH OF MISSOL	JRI	4011	14		משי
		STANDAR	D CERTIF	ICATE OF DEA	ATH	State 1	File No	45	79
BIRTH NO LLED MA	IR 8 1954	REG. DIST. NO.	128	PRIMARY REG. DIST.	10. 24	PO Regist	ear's Na	2	45
1. PLACE OF DEA		T		2 USUAL RESID					aldanos batos
a. COUNTY	reene			a. STATE	ouri	b. COU	YTY		edadados)
b. CITY (If outside so		RURAL and sive C.			weite RURAL and		rry.		
TOWN Springfield towarding STAY (to this place)				TOWN Monett				2051	
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET (If read, give location) ADDRESS 402 Fourth St					/			
3. NAME OF DECEASED	Burge Ho: a. (First)		iddle)	c. (Last)		4. DATE (Month)	(Day)	(Yesr)
(Type or Print)	Lela	Annabe	alle	Standard		OF DEATH	3	3]	954
5. SEX / 6.	COLOR OR RACE		R MARRIED,	8. DATE OF BIRTH	i	9. AGE (In years last birthday)	IF INCOM	1 TEAN 15	UNDER M 1015.
Female /	White	Married	RCED (Specify)	3-20-1908	- 1	4.5	Months	Days Bo	ours Min.
10s. USUAL OCCUPATIO	ON (Give blad of work	10b. KIND OF BUS	INESS_OR_IN-		to and there	er Foreign Count		12. CITIZE	EN OF WHAT
Housewife	ng ilia, even if retired)	Housewi	DUSTRY	I .		at taterin court		COUNT	RY1
ISA. FATHER'S NAME			ER'S MAIDEN	Montier.		OF HUSBAND	OR WIE	U.S.	
	07-								
William E 15. WAS DECEASED EVE	GOULD		sa Wri	17. INFORMANT		TURE OR NA			DDRESS
(Yes. no. or unknown) (II	yes, give war or dates	of service)	NO.	l	_				
NO I	No.	UNEN	MEDICAL	Forrest L.	Star	idard I	ionet	T N	U. BETWEEN
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C	ONDITION DING TO DEATH*(a)		Tic Cascinona	in Co	ewical Va	estetre	ONSET A	AND DEATH LAL
*This does not mean	ANTECEDENT C		. (1		0.14 /10	AF	٠,	
the mode of dying, such Morbid conditions, if any, giving DUE TO (b)								26	<u>jiais</u>
ett. It means the dis- the underlying cause last.									
care, injury, or complica-		DUE 1			 .				
tion which caused death.	on which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not							j	
	related to the diser	ese or condition couring	death.			170	<u> ス</u>	l	
19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION O Carcinoma of left breast							20. AUT	<u> </u>	
12) 3-3-54	(2) Carei		real Ver		Collay	me + par	Mysis	YES [] m [X]
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY home, farm, factory, street	(e.g., in or about , office bidg.,etc.)	žic. (CITY, TOWN, OR	TOWNSHIP)	, (COI	(үтик	(S1	TATE)
21d. TIME (Menth)	(Day) (Year)		OCCURRED	21f. HOW DID INJURY	OCCUR?				
OF INJURY		WHILEAT WORK	AT WORK						•
22. I hereby certify t	hat I attended t			- 1954 to 3	-3-	1957 th	at I last	saw the	deceased
alive on _3-		L, and that death				and on the do			
23a. SIGNATURE	11/0	(1)	egree or title)	23b. ADDRESS 440		oferer	1 84		TE SIGNED
Harold		urie, >	1.20 O	Spring	field	mo			-57/
24a. BURIAL, CREMA TION, REMOVAL (Booth)	3-6-19			4		ION (City, town		•	(State)
DATE REC'D BY LOCAL			U . P . U	emetery	Monet		Miss	COUPL	
REG		Acless.)	l			40	v# L 00	
3-3-34 Valuation Mercer Huneral Home Monett, Mo.									
(Licensed Embelmer's Statement on Reverse Side)									

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Student Embalmer

________Student Embalmer No.

Signed Roy H. Mercer

P. O. Address Moneth Mo

Licensed Embalmer No. 443

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HA the above constitutes grounds for revocation of license.)

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