STANDARD CERTIFICATE OF DEATH Side File No.		FILED OCT	25 1955			LTH OF MISSO				
SIRTH NO. SIRCE DEATH		STANDARD CERTIFICATE OF DEATH 11. 11 state File N. 32156								
DECEMBER S. COLOR OF RACE T. MARRIED S. ENSTH OF OR OF C.		BIRTH NO		_ REG. DIST. NO	/3_P	· Rimary Reg. Dist	. но. <u>56</u>	6/ Registrat	r's No	119
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TOWN ER nA	1	a. COUNTY	BARRY	<u> </u>		a. SIAIE	1550	uR. CQUNI	BAI	
d. FULL NAME OF ADDRESS TO SEE SEED TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	1	f OR /f '// // township) SIAY (in this place)				OR I Religent to the court of t				
(Type or Print) (Type	8	d. FULL NAME OF (If not in hospital or institution, give street address or location)						ive location)		111 D
(Type or Print) (Type	တ္တ .	INSTITUTION	7 miles	5.E. & V.	#	/ m	iles S	5.E. °4	. UER	on A.
Type or Prints EV NA	2 2	3. NAME OF DECEASED A	a. (First)	b. (Mid	dle) .	c. (Last)	<i>,</i> 一		onth) (Da	y) (Year)
13a. FATHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSEAND OR YIFE	Ļ		ELVINA		INE	SMITI	<u>ر ا</u>	DEATH		1955
13a. FATHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSEAND OR YIFE	NE	7.1	COLOR OR RACE	WIDOWED, DIVOR	ED (Specing)	8. DATE OF BIRTH	91870	9. AGE (In years)	Onths Days	
13a. FATHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSEAND OR YIFE	<u> </u>	10a. USUAL OCCUPATIO	N (Give kind of work		IESS OR IN-	11. BIRTHPLACE	City and State	or Foreign Country	12. CI	TIZEN OF WHAT
13a. FATHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSEAND OR YIFE	EH			SELF	- DUSTRY	73000		and the	COU	NTRY?
15. WAS DECEMBED EVER IN U. S. ARVED FORCES? (16. SOCIAL SECURITY NO.) 18. CAUSE OF DEATH Enter only one cause of the mode of giring, such as heart failure, extends, dc. It means the discase, injury, or compilication which caused death. 19. DATE OF OPERA. TION 19. DATE OF OPERA. TION 21. ACCIDENT (Specity) 21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) DUE TO (c) 21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the date hour and related to the disease or condition couring death. 19. DATE OF OPERA. TION 21. ACCIDENT (Specity) 21. DISEASE OR CONDITIONS Conditions contributing to the draft but not related to the disease or condition couring death. 19. DATE OF OPERA. TION 21. ACCIDENT (Specity) 21. DISEASE OR CONDITIONS Conditions contributing to the draft but not related to the disease or condition couring death. 19. DATE OF OPERA. TION 21. ACCIDENT (Specity) 21. DISEASE OR CONDITIONS Conditions contributing to the draft but not related to the disease or condition couring death. 19. DATE OF OPERA. TION 21. ACCIDENT (Specity) 21. DISEASE OR CONDITIONS Conditions contributing to the draft but not related to the disease or condition couring death. 22. AUTOPSY! YES NO 23. AUTOPSY! YES NO 24. HOW DID INJURY OCCURRED 25. AUTOPSY! WORK AT WORK 26. DATE SIGNED 27. HOW DID INJURY OCCURRED	Α		-/-	136. МОТНЕ	R'S MAIDEN N			OF HUSBAND O	R WIFE	
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Zas. BURIAL, CREMA- 24b, DAVE 124c, NAME OF CEMETERY OR CREMATORY 24d, LOCATION (City, town, or county) (State)	- 11	al	. Kors	95) Z	204	auni	ws;	120		
	II	24a. BURIAL, CREMA-	24b. DAYE	24c. NAME	OF CEMETERY	OR CREMATORY	24d. LÓCAT	ON (City, town,	or county)	(State)
Bur, AJ Oct. 14.1959 Hina Vaire Monett, 13. Mo.	¥		Oct. 14	-1959 Hin	a Now	rel	MONE	#_73,	<i></i>	Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE TO STATE ADDRESS			REGISTRAR'S	IGNATURE 7	N 513	25. FUNERAL DIRE		SNATURE	ADDRES	5
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(Licensed Embalmer's Statement on Reverse Side)				(Licensed	Embalmer's Sta	tement on Reverse S	ide)	V		

BARRY COUNTY HEALTH UNIT CASSVILLE, MO.

1055-347

DATE REC. 10-24-55

STATEMENT BY LICENSED EMBALMER

working under my personal supervision..

working under my personal supervision.

Signature of Student Embalmer

Student.

un J. Marss

Licensed Embalmer No. 35.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Example 1) 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.