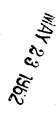
	M	ISS(	DURI	DIN	VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  -62-021714	
2	DO NOT WRITE		MENDED		Registration District No. Primary Registration District No. 3076 Registrat's No. 93	
	ON THIS STUB		1	1	1. PLACE OF DEATH AY 2 2 1962  a. COUNTY Vernon  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be admission)  a. STATE Missouri b. COUNTY Vernon admission	
٠	Rev. 4/59	AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only) OR  Length of stay in 1b C. CITY OR  Leng	its
	11000				TOWN Nevada 62 years TOWN Nevada Yes 57 No	
	1085 2/085 <sub>2</sub>	DATE		$\ \cdot\ $	HOSPITAL OR INSTITUTION 319 South Ash  Yes Ty No   ADDRESS 319 South Ash  Yes Ty No   Yes Ty No   No   Yes Ty No	
	3				3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print)  DELITABLE TIPE DATE ACLE DEATH A DATE A DATE ACLE DEATH A DATE ACLE DEATH A DATE ACLE DEATH A DATE ACLE DEATH A DATE A DATE A DATE ACLE DEATH A DATE A DATE A DATE ACLE	
	4 /				5. SEX 6. COLOR OR RACE 7. Married 1 Never Married 8. DATE OF BIRTH 9. AGE (last birthdey) IF UNDER 1 YEAR IF UNDER 2	
	52				F Wh Widowed X Divorced 10-8-1872 89 Months Days Hours  10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTY	
	6				during most of working life, even if retired)  Housewife  Cwn home Center, Missouri USA	
	- 7 <sub>θ</sub>				William A. Mason  13b. Mother's Maiden Name  14. Name of Husband or Wife  W. T. Ballogh, Deceased	;
	8 2	1 1			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unknown) { (If yes, give war or dates of service) }	
	9443X	<u> </u>		Ϊ́	No None Mrs. L. B. Bradley, Tulse, Oklahoma  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  ONSET AND DE	EEN
	10	8 6		DOCUMENT	IMMEDIATE CAUSE (a) Myocardilis Several you	
	1290-0 P	INST INST		)  -  -	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (b) Hyperleusive Circulatory Disease first attended to the property of the underlying cause last.  DUE TO (c)	***
	- Z	1 1			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 part iii. If deceased was female there a pregnancy in last 90 part iii. If deceased was female there a pregnancy in last 90 part iii.	
q	Ť.				19 WAS AUTORY 120 ACCIDENT SUICIDE HOMICIDE 120h. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART Loc PART II of item 18.)	knowi
	NO WENDAMENTS					
	RIBBON				20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
	USE BLACK INK OR TYPEWRITER RIBBO				20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, while AT WORK   20f. CITY, TOWN, OR LOCATION COUNTY STA	TE .
	BLAC OR RITER	REA			21. I attended the deceased from 25-1961, to May 1962 and last saw her him alive on May 5-1962.  Death occurred at	=
	USE	SHOULD		Ö	22a. SIGNATURE (100 title) 22b. ADDRESS (22c. DATE SI	
	두	Ш	$\perp \downarrow$	AVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	4
		A NO.		AFFIDA	REMOVAL (Specify) Burial May 7, 1962 Deepwood Cemetery Nevada Missouri  24. FUNERAL DIRECTOR ADDRESS   25. DATE RECD. BY LOCAL REG.   26. AGGISTRAR'S SIGNATURE	
		ITEM		BY,	Ferry Funeral Home Nevede, Missouri 5-16-1962 Come & Sherry	
	L				(Licensed Embalmer's Statement on Reverse Side)	



## STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	1111
Signature of Student Embalmer	Signed J. Jungles Fury
	Licensed Embalmer No. 4960
	P. O. Address Menada, Museur

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.