OEP A		ENT		PUB E 1	LIC	HEALTH AND WI					Registrar's N	00006	STATE FILE	NUMBER
DO NOT WRITE ON THIS STUB		AMEN	IDED.	Г		TE DU	04'/	imaly Ke	gişiranıdı	DISTRICT NO GEO.				
VS 300	٩	11	]		1	a. COUNTY	Callaway				a. STATE MO	NCE (Where deceased b. COUNT)	Callawa	
Rev. 4/59	AMENDED					OR	orporate limits, give TOW	NSHIP on	ıly)	Length of stay in 11	11 OP			Inside Limits
10.17	\AE						Lton			2 wks.	TOWN F'1			Yes □ No 🕱
014-7	7 91		ĺ			HOSPITAL OR	NOT in hospital, give loc			Inside Limits	d. STREET ADDRESS	•	de, give location)	Reside on Farm
20140	DATE				_	INSTITUTION GE	allaway Men	1. H	osp.	Yes <b>∱</b> No □	\	R.F.D.# 3		Yes □ No 🙀
3 7	-[				-3	NAME OF DECEASED (Type or print)	First			iddle	Last	4. DATE OF	Month Da	•
						I.	Margaret				ldox	DEATH Jar	1. 26	, 1964
		1		:	•	. SEX	6. COLOR OR RACE		Married □ idowed <del>↓</del>	Never Married [ Divorced [		9. AGE (last births	Months Da	ys Hours Min.
5 2						Female	white			USINESS OR INDUST	12-20-0	(City and state or coun	try) 12. CITIZEN	OF WHAT COUNTRY
6	Ϋ́					Housewife	ng life, even if retired)	_	ome		j i	airie, Mo.	* * *	
7 1	Follow					. FATHER'S NAME	<u> </u>			THER'S MAIDEN NA			OF HUSBAND OR W	
<u> </u>	ខ្ច					Issac Keel	l v		Ma	rgaret F:	rey	Elbur	n Maddox	<u> </u>
8 27	S S					. WAS DECEASED EVER	R IN U.S. ARMED FORCES yes, give war or dates o		16. SO	CIAL SECURITY NO.	17. INFORMANT		Address	Ŷ
9221x	<u> </u>					no !			no		Orville	Maddox, F	ulton, N	O .  INTERVAL BETWEEN
10	₹	$ \cdot $		ä		PART I.	(Enter only one cause pe DEATH WAS CAUSED B	Y:	r (a), (b), a	2 n _ //	CC AL ACK	Acci NEA	77	ONSET AND DEATH
11	윊닎			Š	-		IMMEDIATE CAUSE (	a)	ENA!	DIAD - NE	X ULAUR	ACCI DEN	21	16 DAYS
				ŏ		O1141-	on March Number 10	/LA						
12/-0	ջ Is			٦,	- 1	which g	ons, if any, DUE TO ave rise to cause (a), }	(6)					1	
13 1-0	国星	$\vdash$	-		-	stating 1	the under- cause last. DUE TO	(c)					1	
	Z				₹	. •	, OTHER SIGNIFICANT	CONDITI	ONS CON	TRIBUTING TO DEA	ATH but not related t	to the terminal P	ART III. If decease	d was female was
1	-				Ĭ	D. ACT	disease condition given	in PARI	1 (a) <b>A</b>	TOIL	E18011.	TIM!	<del> </del>	gnancy in last 90 days.  ☐ No ☐ Unknown
	AMENDMENTS				띩	19. WAS AUTOPSY	20a. ACCIDENT SUICI	DE HO	MICIDE	20b. DESCRIBE H	OW INJURY OCCURRE	D. (Enter nature of inju		
	<u>ک</u>			ľ	<u>E</u>	PERFORMED? YES ☐ NO ■								·
- z	ا ب <u>ک</u>				3	20c. TIME OF Hour	Month, Day, Year			<del></del>				
RIBBON	₹				ē.	INJURY a.m. p.m.	i i							
BLACK INK OR SITER RIBBC					1	20d. INJURY OCCURRE		E OF INJ	JURY (e.g., street, off	in or about home, ice bldg., etc.)	20f. CITY, TOWN, C	R LOCATION	COUNTY	STATE
	۵					NOT WHILE AT V	WORK 🗆	_						- 18/12
\$0≣	READ					21. I attended the dec	ceased from 195		. 9 -		alut.	nd last saw her alive o	- Jan d	0,1764
₩ 🕺	9					Death occurred at	t	/0	:20	m on	he date stated above,	and to the best of my	knowledge, from th	e causes stated.
USE BLACH OR TYPEWRITER	SHOULD			о Г		22. SGNATURE	< 1/ Pa	gree or	title)	4.4	22b. ADDRESS	Ma	V	22c. DATE SIGNED
<b>.</b>	卜			≒	_1	Jamo	0 Zi Hel	<u> </u>	<u></u>	OF CEMETERY OR CI	J-u	23d. LOCATION (City,	TOWN OF TOWN	1->1.64
	Š.	$\dagger\dagger$	1-	PΑ	23	BURIAL, CREMATION, REMOVAL (Specify)			-	•	CEMATURT	Callaway		Mo.
	Įž			AFFIDAVIT		trial FUNERAL DIRECTOR	1-28-64	DRESS	nams	Prairie 25. D	ATE RECD. BY LOCAL			
	ITEM						ral Home,	Fult	on,	Mo. Jan	U 31-196	C	Harta	wrence

(Licensed Embalmer's Statement on Reverse Side)

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.	
student	Signed Thomas M. Emmons
Signature of Student Embalmer	
	Licensed Embalmer No. 5064
	P. O. Address Fulton, mo

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.

20.35

7.