MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH SPATE FILE NUMBER 7 Primary Registration District No. 3040 Registrar's No. 21 Registration District No. . DO NOT WRITE ON THIS STUB AMENDED PILED SFP 9 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE admission) V\$ 300 LIVINGSTON Rev. 4/59 END b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR Yes 💢 No 🗀 TOWN MEADVILLE <u>HILLICOTHE</u> WK c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If cutside, give location) Inside Limits Reside on Farm HOSPITAL OR **ADDRESS** INSTITUTION Yes 🔀 No 🗌 Yes 🔲 No 🇷 3. NAME OF DECEASED Middle 4. DATE (Type or print) DEATH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 7. Married 🗆 Never Married [] 8. DATE OF BIRTH Hours Widowed 🙀 Divorced 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shafter. Mo. US HOUSE WIFE 13b. MOTHER'S MAIDEN NAME 13a. FATHER'S NAME ELIZABETH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (if yes, give war or dates of service) 18. :CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 11 Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was there a pregnancy in last 90 days. AMENDMENTS □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE 19. WAS AUTOPSY PERFORMED? YES | NO DE 20c. TIME OF Houl Month, Day, Year RIBBON INJURY a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK | OR TYPEWRITER Δ 21. I attended the deceased from. SHOULD m on the date stated above, and to the best of my knowledge, from the causes stated: 22c. DATE SIGNED 22a, SIGNATURE AFFIDAVIT 23b. DATE 23c. NAME OF CEMETERY OR CREMA 23a, BURIAL, CREMATION, Š. PEMOVAL (Specify)

Marie Ma Marie Ma

STATEMENT BY LICENSED EMBALMER

, Student Embalmer No
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Signed May Mught
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Licensed Embalmer No. 4655
P. O. Address Meadvelle, M.
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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.