MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WEL STATE FILE NUMBER Primary Registration District No. 100 Registrar's No. Registration District No. DO NOT WRITE ON THIS STUB AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH b. COUNTY a. COUNTY phission) VS 300 AMENDED Rev. 4/59 c. CITY Inside Limits b. CITY (If outside corporat Length of stay in 1b OR TOWN Yes | No | c. FULL NAME OF d. STREET Reside on Farm DATE ADDRESS HOSPITAL OR Yes 🔲 No 🗋 NAME OF DECEASED Middle 4. DATE Last Month Day Year (Type or print) DEATH 0 9. AGE (last birthday) UNDER 1 YEAR IF UNDER 24 HR 5. SEX 8. DATE OF BIRTH COLOR OR RACE 7. Married 🗆 Never Married 🙊 Months Hours Widowad 🕰 Divorced [0 10b. KIND OF BUSINESS OR INDUSTRY U. BIRTAPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work done. PRINGFIELD 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 155 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. INFORMANI (Yes, no, or unknown) [(If yes, give war or dates of service) 489-50-2313 96107 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 10 O.S.O. IMMEDIATE CAUSE (a) 눊 11 Conditions, if any, SZ which gave rise to 16 -0 THIS above cause (a). stating the under-13 DUE TO (c) lying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PART III. If deceased was disease condition given in PART I (a) there a pregnancy in last 90 days AMENDMENTS ☐ Yes ☐ No ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED'S NONE YES | NO DE 20c, TIME OF Hour Month, Day, Year RIBBON INJURY a.m. p.m. BLACK INK 20e, PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK [farm, factory, street, office bldg., etc.) NOT WHILE AT WORK **LYPEWRITER** READ 30-196 and last saw him alive on 21. I attended the deceased from im on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred a (Degree or title) 22c. DATE SIGNED 22a, AIGNATURE 5-31-66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) WRIAL, CREMATION, 23b. DATE AFFIDA Š REMOVAL (Specify) LOCAL REG. 訟

(Licensed Embalmer's Statement on Reverse Side)

425 & Of 3wl 12:30-50 m

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.	
StudentSignature of Student Embalmer	_ Signed Eldn L. Djarris
	Licensed Embalmer No. 5274
	P. O. Address Ferreleier, 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.