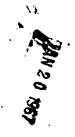
DEPARTMENT OF PUBLIC HEALTH AND WELFARE Primary Registration District No. 3008 Registrar's No. 29 Registration District No DO NOT WRITE AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH . STATE Missourt County Callaway Callaway a. COUNTY admission) VS 300 DATE AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits OR TOWN Fulton 10 days town McCredie Yes | No | c. FULL NAME OF (If NOT in hospital, give location) Inside Limits (If outside, give location) d. STREET Reside on Farm 0147 HOSPITAL OKING OM Nursing Home R.F.D.# 1 Yes X No II Yes | No | 20140 Middle 3. NAME OF DECEASED Last 4. DATE Month (Type or print) Ethe1 Oct. 5 1966 Laura Simcoe DEATH 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 6. COLOR OR RACE 7. Married A Never Married | 5. SEX Months Widowed [Divorced [7] White Female 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Retireo Statle Hostital Attendant Callaway County Mo U.S.A. 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Patrick Craighead V.B.Simcoe Julie Maddox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT (Yes, no, or unknown) [(If yes, give wer or dates of service)] 86 18 8720B V.B.Simcoe, McCredie, Mo R#1 493X 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN 10 lö 11 DUE TO (b) Conditions, if any, which gave rise to above cause (a). stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased disease condition given in PART 1 (a) there a pregnancy in last 90 days. losma. AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE 19. WAS AUTOPSY PERFORMED? YES | NO DE Month, Day, Year 20c, TIME OF Hour RIBBON USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED STATE farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK [] **TYPEWRITER** _and last saw her_alive on_ 21. I attended the deceased from P. m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Degree or title) 22c. DATE SIGNED 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE Š Ebenezer Cemetery E.of Fulton, Mo 25. DATE RECD. BY LOCAL REG. ITEM 24. FUNERAL DIRECTOR Browning Funeral Home, Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH



STATEMENT BY LICENSED EMBALMER

And the second

1 hereby certify that the body whose name is rec	orded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	110M
Student	Signed And Marcue
Signature of Student Embalmer	(60)
	Licensed Embalmer No. 4596
	P. O. Address Zulton 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.