DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH (PHYSICIAN OR CORONER) CERTIFICATE OF DEATH FILED Primary Registration District No. 🗴 😓 🗲 DO NOT WRITE ON THIS STUB VS 300 DECEASED - NAME SEX Rev. 1/70 9. D RACE WHITE, HEGED, AMERICAN INDIAN. UNDER I YEAR UNDER 1 DAY DATE OF BIRTH I MONTH, DAY, 10a. EIC. (SPECIFY) BIRTHOAY TYEARS MOS. DAYS HOURS 7a. 10ь. CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS HOSPITAL OR OTHER INSTITUTION -- NAME CIF NOT IN EITHER, GIVE STREET AND NUMBER SPECIFY YES,OF NO 11. DECEASED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) STATE OF BIRTH LIF HOT IN U.S.A. NAME CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED. WIDOWED, DIVORCED I SPECIFY I COUNTRY GLAdys 12. GARV USUAL RESIDENCE MMIKO WATSON WHERE DECEASED SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF KIND OF BUSINESS OR INDUSTRY LIVED. IF DEATH WORKING LIFE, EVEN IT RETIRED ! OCCURRED IN RESIDENCE BEFORE MEDICAL ADMISSION. CITY, TOWN, OR LOCATION INSIDE CITY LIMITS STREET AND NUMBER COUNTY SPECIFY YES OR NO 15. 14b, COOPER 140. MO. 14BOONVILLE FATHER-NAME MOTHER - MAIDEN NAME 16. PARENTS MINON BECK<u>ET</u>1 15. WILLIAM 17. INFORMANT—NAME MAILING ADDRESS ISTREET OR M.F.D. NO., CITY OR TOWN, STATE, ZIP) ROONUILLE MO 18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 19. CREDITS IMMEDIATE CAUS OUT IO, OF CONDITIONS, IF ANT, WHICH GAVE PISE TO IMMEDIATE CAUSE (II), STATING THE UNDER-CAUSE AUTOPSY IF YES WERE FINDINGS CON-SIDERED IN DETERMINING CAUSE OF DEATH PARTAIL LOTHER SIGNIFICANT CONDITIONS ONS CONTRIBUTING TO DENTH BUT HOW REPAIRD TO CAUSE GEVEN IN PART I TO ( TES OF HO) ACCIDENT, SUICIDE, HOMCIDE, OR UNDETERMINED ISPECIFY TOATE OF INJURY HOW INJURY OCCURRED I ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18 1 IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS instructions INJURY AT WORK PLACE OF INJURY AT HOME, FARM, STREET, LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) BLACK INK FACTORY, OFFICE BLOG., ETC. (SPECIFY) (SPECIFY YES OR NO) 120g. 20 f CERTIFICATION-AND LAST SAW HIM/HERMLIVE ON I DID DID NOT VIEW THE DEATH OCCUPAND AT THE PLACE, ON THE TEAR MONTH YEAR MONTH DAY YEAR DATE, AND, TO THE BEST CHOUR LATTENDED THE OJ MT KNOWLEDGE, DUE M, TO THE CAUSEISI STATED. DECEASED FROM ce handbook for Type or pr PERMANENT I CERTIFICATION-MEDICAL EXAMINER OR CORONER: ON THE LASTS OF THE LE DECEDENT WAS PRONOUNCED DEAD EXAMINATION OF THE BODY AND OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. CERTIFIER CERTIFIER DEGREE OR SHIP DATE SIGNED IMONIN, DAY, 736 CEMETERY OR CREMATORY - NAME BURIAL, CREMATION, REMOVAL CITY OF TOWN I SPECIFY BURIAL FUNERAL HOME - NAME AND ADDRESS I STREET OR R.F.D. NO., CITY OR TOWN, STATE, EIN WIOD REGISTRAR - SIGNATURE

Top Salls Salls

## STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	
Student	_ Signed William W Wood
Signature of Student Embalmer	
	Licensed Embalmer No. 4539
	P. O. Address Boonville

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.