FILED NOV 4 1957 STANDARD CERTIFICATE OF DEATH  REG. DIST. NO. 33 FRIMARY REG. DIST. NO. 3010 Register's No. 411  1. PLACE OF DEATH  a. COUNTY Cape Girardeau  2. LENGTH OF  TOWN Cape Girardeau  2. LENGTH OF  TOWN Cape Girardeau  3. STATE Missouri  5. STATE Missouri  5. STATE Missouri  6. FULL MANE OF GI and to begate in relationship, gire several address or beautish of TOWN Lutes Ville  7. STATE Missouri  6. FULL MANE OF GI and to begate in relationship, gire several address or beautish  1. STATE Missouri  6. FULL MANE OF GI and to begate in relationship, gire several address or beautish  1. STATE Missouri  6. FULL MANE OF GI and to begate in relationship, gire several address or beautish  1. STREET  6. FULL MANE OF GI and to begate in relationship, gire several address or beautish  1. STREET  6. FULL MANE OF GI and to begate in relationship, gire several address or beautish  1. STREET  6. FULL MANE OF GI and to begate in relationship, gire several address or beautish  1. STREET  6. FULL MANE OF GI and to begate in relationship, gire several address or beautish  7. STREET  6. FULL MANE OF GI and to begate in relationship or several address or beautish  7. STREET  6. FULL MANE OF GI and to begate in relationship or several address or beautish  7. STREET  8. STREET  8. CAME OF GI and to begate in relationship or several address or beautish  1. STREET  1.	lo . 300	THE DIVISION OF HEALTH OF MISSOURI  FILED NOV 4 1057 STANDARD CERTIFICATE OF DEATH 35043									
PLACE OF DEATH	-48	FILED NOV 4	1957	STANDARD C	EK I II			•			
a. COUNTY Cape Girardeau  b. CTYV (Cape Girardeau  b. CTYV (Cape Girardeau  c. CIVY TOWN Cape Girardeau  c. CIVY TOWN Cape Girardeau  d. Defect (Cape of Cape		<u> </u>		REG. DIST. NO	3	PRIMARY REG. DI	<sub>ST. NO.</sub> <u>చర</u>	010 Registrar's	No. 492		
TOWN Cape Girardeau commonly Styl (dashabase)  G. Fill MANE OF Gir set is beginted or insufficion, girs street address or location)  G. Fill MANE OF Gir set is beginted or insufficion, girs street address or location or lo											
ADDRESS   ALL   ADDRESS		OR Compact Compact township) STAY (in this place)			1 Op						
3 NAME OF DECEASED BOTTIATE BUTTIATE CLASS OF THE DECEASED BOTTIATE BOTTIATE BUTTIATE BUTTIAT		II HOSPITAL OR				ADDRESS				D	
S. SEX   6. COLOR OR RACE   7. MARRIED NEVER		DECEASED	a. (First)	b. (Middle)		_		OF A			
18. USUAL OCCUPATION (Circ blood was)  FOR JUSTAY LOOPOLD, MO.  13. FATHER'S NAME  13. NAME AND SECENSED EVER IN U.S. ARRED FORCEST (Ver. no. or usual conditions of the color	ľ	C <sub>1</sub>	COLOR OR RACE	7. MARRIED, NEVER MAR WIDOWED, DIVORCED (	RIED/ Specify)			9. AGE (In years IF to	HOER I YEAR   IF UNDER	M HRS.	
13b. MOTHER'S MANE   13b. MOTHER'S MAIDEN NAME   14c. NAME OF HUSBAND'OR WIFE   PEAT   Chapman   Brummer   15c. Social Security   17c. NFORMANT'S SIGNATURE OR NAME   ADDRESS	-	done during most of working life, even if retired)		10b. KIND OF BUSINESS OR IN-		11. BIRTHPLACE (City and State					
S. WAS DECRASED EVER IN U. S. ARMED FORCSS   16. SOCIAL SECURITY   77. INFORMANT'S SIGNATURE OR NAME   ADDRESS   14.01-380085   14.01-38008				136. MOTHER'S	MAIDEN	<del></del>		NE OF HUSBAND OR		- 41	
(West, Dec. of Control of the property of the state of th	ľ					I — — — — — — — — — — — — — — — — — — —			an Brumme	r_	
18. CAUSE OF DEATH Enter only one emuse por line for (a), (b), and (c)  "This does not mean the mode of dring, such as heart failure, exthenic, etc. It means the dis- case, injury, or complica- tion which caused death.  "DUE TO (c) To Some Constitution to the death but not related to the disease or condition causing death.  "Ba. DATE OF OPERA."  19. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE  21d. TIME (Month) (Day) (Year) (Boul)  21d.		(Yes. no. or unknown) (If	yen, give war or dates o	d service)	NΩ	17. INFORMAN	T'S SIGN	ATURE OR NAME	ADDRE	.55	
Enter only one cause per lime for (a), (b), and (c) lime for (a), (b), and (c) lime for (a), (b), and (c) lime for (a), (c), and (c) lime for (a), (b), and (c) lime for (a), (c), and				MED		ERTIFICATION	a <i>menne</i>	mar ance	I INTERVAL BET	WEEN	
Morbid conditions, if any, giving DUE TO (b)  As heart failure, athenia, it to the above cause (a) stating the underlying cause last.  DUE TO (c)  DUE		Enter only one cause per	I. DISEASE OR CO DIRECTLY LEADIN	INDITION HG TO DEATH*(a)	hei	mi fy	mp le	estre	ONSET AND D	EATH	
DUE TO (c) To The course death.  III. OTHER SIGNIFICANT CONDITIONS  Onditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 10b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 11d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY  21f. HOW DID INJURY OCCUR?  22f. How DID I		the mode of dying, such as heart failure, asthenia,	Morbid conditions,	, if any, giving DUE TO (b).	a.	Burse	100 T	him	1 yr.	<u>plu</u> s	
19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE HOMICIDE  21d. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., esc.)  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from Sept. 7th 1956, to Oct. 19th, 1957, that I last saw the deceased alive on 10-19th, 1957, and that death occurred at 3-202m., from the causes and go the date stated above.  23a. SIGNATURE (Degree or title) 23b. ADDRESS 6 COLUMN MALE AT WORK  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, tory, or county)  10-21-57 BOllinger Co. Mem Lutesville Mo  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25 FURTAM DI REC'D'S & MANTURE SIGNATURE  25 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS SOOPE SECONDERS  25 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  26 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  27 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  27 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  27 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  28 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  29 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  29 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  20 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  21 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  22 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  22 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  22 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  25 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  25 FURTAM DI REC'D'S & MANTURE SOOPE SECONDERS  26 FURTAM DI REC'D'S COLUMN DI REC'D'S COLUMN DE SECONDERS  26 FURTAM DI REC'D'S COLUMN DE				ICANT CONDITIONS	<del>(2&gt;</del> (e -	Servie	ana	mo	pressen	<del>ラ</del> .	
21a. ACCIDENT SUICIDE (Specify)   21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE   bome, farm, factory, street, office bldg., erc.)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)    21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT NOT WHILE WORK   AT WORK   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from Sept. 7th 1956, to Oct. 19th, 1957, that I last saw the deceased alive on 10-18th, 1957, and that death occurred at 200m, from the causes and on the date stated above.  23a. SIGNESTURE (Degree or title) 23b. ADDRESS (Continue)   23c. DATE SIGNED   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, toys), or county) (State)   500 miles   500 m		19a. DATE OF OPERA- TION	19b. MAJOR FIND	INGS OF OPERATION		Y oak		2040			
22. I hereby certify that I attended the deceased from Sept. 7th 1956, to Oct. 19th, 1957, that I last saw the deceased alive on 10-19th, 1957, and that death occurred at 3.20mm, from the causes and on the date stated above.  23a. SIGNESTURE  (Degree or title) 7 23b. ADDRESS  (Degree or title) 7 23b. ADDRESS  (Degree or title) 7 23b. ADDRESS  (State) 7 4. Sometime 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	1b. PLACE OF INJURY (e.g., in ome, farm, factory, street, office bi	or about dg., etc.)	21c. (CITY, TOWN,	OR TOWNSHIP				
alive on 10-18th, 19 57, and that death occurred at 3:202mm, from the causes and go the date stated above.  23a. SIGNASTURE  (Degree or title) 7 23b. ADDRESS  (O 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		21d. TIME (Month) OF INJURY	(Day) (Year) (E	WHILE AT NOT WI	(ILE	21f. HOW DID INJU	JRY OCCUR?				
23a. SIGNASTURE  (Degree or title) 7 23b. ADDRESS  (State) 7 24c. NAME OF CEMETERY OR CREMATORY  (State) 7 24c. NAME OF CEMETE		22. I hereby certify t	hat I attended th	se deceased from <u>Sel</u> 7, and that death occur	red at.	th 1956, to 1 3:202m., from	n the causes	th, 19 <u>57</u> , that I and on the date si	last saw the dec	eased	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  (0-30-57 (O. Co. Symmess) (See Ward Tulevilla MC)		Alle	1541	atro M	r title)		Brone	// · L	TE, 23c. DATE SIG	SNED	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  10-30-57 (O. Co. Symmess) (Sue Ward Tuleville Ma)		24a. BUR AL. CREMA- TION, REMOVAL (Speedly) BUT 1 a	246. DATE (	1		o Mem	Lute	//	••	ite)	
(Licensed Embalmer's Statement on Reverse Side)		DATE REC'D BY LOCAL			) ر،	25. FURTHER DIF			2 MO		
				(Licensed Embs	Imer's	tatement on Reverse	Side)	1			

## STATEMENT BY LICENSED EMBALMER

working under my personal supervision..

Signature of Student Embalmer

7 6

K. O. Land

P. O. Address Jocken M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failuto 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.